Julie Dostal, Ed.S., LMHC, CPP

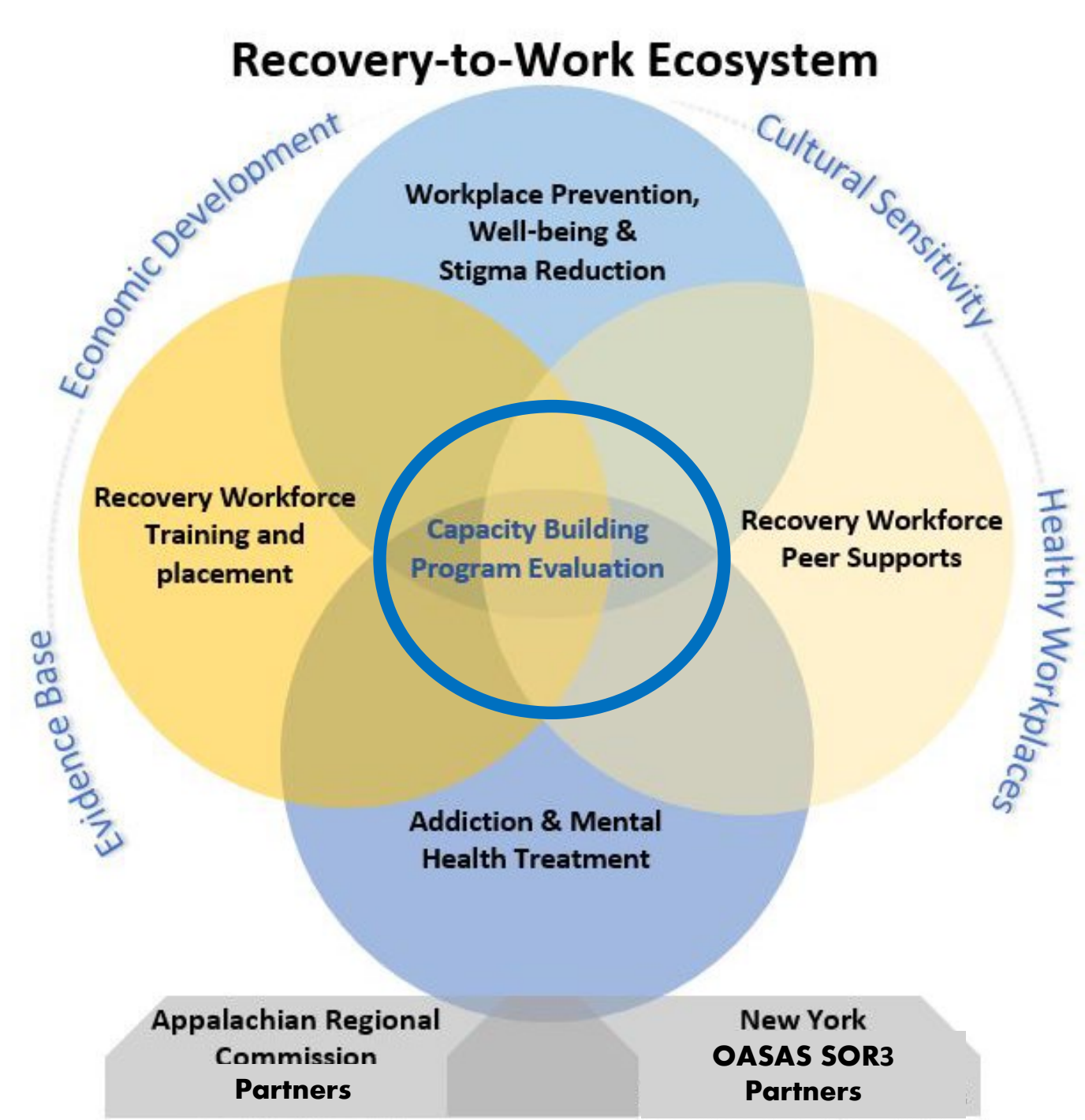
Executive Director

LEAF Council on Alcoholism & Addiction

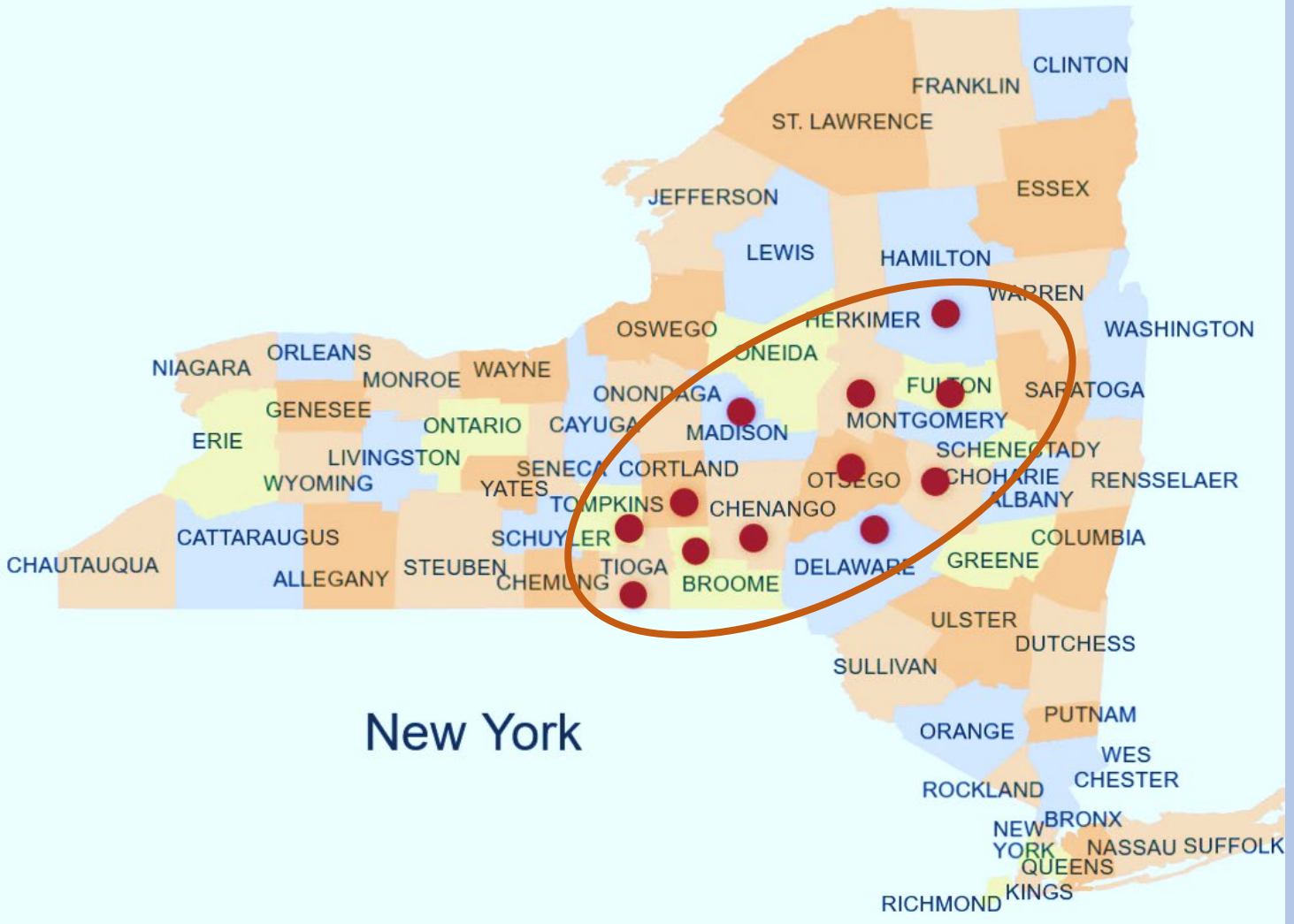
Oneonta, NY

Prevention, Treatment, and Recovery:

Building an Ecosystem of Successful Recovery and Healthy Workplaces



A Network Approach to Prevention



- 12 Counties
- 8 Prevention Partners
- 15 Trainers
- 2 Funding Partners
- 9,300 Square Miles
  (larger than Vermont)
- 31 Businesses
- 1,493 Employees

NEW YORK STATE | Office of Addiction Services and Supports

OWLS

ARC Appalachian Regional Commission

Engaging at the Rural Workforce

- Micro and Small Businesses
- Key Stakeholder Interviews
- Focus Groups
- Lots of Coffee

Engagement through Needs Assessment and Capacity Building

Authentic Relationship Building

- Reaching out
- Listening, asking
- Strategic alliances
- Seeking the “most important” issues
- Engaging leaders
  - Survey development
  - Results dissemination
  - Referrals to other leaders

Key Stakeholder Sample Questions

- **What do you think is causing employers and the business community stress right now?**
- **How are these challenges impacting their businesses, services, or performance?**
- **What work-related issues have been taking up more of your time than you would otherwise prefer?**
- **How do mental health and substance misuse concerns play a role in anything we have discussed?**

What we learned:

Managers, Supervisors and CEOs spend an average of 40%* of their time Dealing with employee:

- ***Stress***
- ***Burnout***
- ***Mental health concerns***
- ***Lack of sleep***

- ***Fatigue***
- ***General health concerns***
- ***Alcohol misuse***
- ***Other drug use***

as high as 70%

What Leaders Said They Wanted:

SELECT YOUR TOP THREE: Please select the three services that you are most interested in to help reduce employee health issues.

Answer	First Choice	Second Choice	Third Choice	Grand Total
COMMUNICATION, TEAM BUILDING, AND SOFT SKILLS DEVELOPMENT	29	25	22	76
POSITIVE RESILIENCE AND THRIVING	20	26	24	70
MANAGER TRAINING ON STRESS	26	27	17	70
DEPRESSION AND STRESS COACHING OR COUNSELING	29	15	21	65

PREVENTION IN THE WORKPLACE IS ECONOMIC DEVELOPMENT

ECONOMIC ESTIMATES FROM CAPACITY BUILDING EFFORTS (PILOT STUDY)

Lost Time & Productivity due to mental health-related exposures*	Small Businesses (less than 100 employees)	Medium and Large Businesses (100 or more employees)
Managers & Supervisors Average Annual Cost Per Business	$25,134	$41,996
Employees Average Annual Cost Per Business	$108,313	$3,400,000

**Stress, burnout, mental health concerns, lack of sleep, fatigue, general health concerns, alcohol misuse, other drug use.*

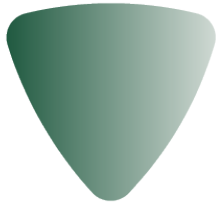
Bennett, J. B., Chan, A., Abellanoza, A., Bhagelai, R., Gregory, J., Dostal, J. M., & Faringer, J. (2022). More vulnerable, more to gain? A pilot study of leader's perceptions of mental health programs and costs in small workplaces. *American Journal of Health Promotion*.

The Resulting Response: Adaptive, Evidence Based Training

Team Awareness NY Workplace Wellness Training

Ripple Effect of Wellbeing

Empowered Health Consciousness



Resilience & Thriving

OWLS

Improvements in Employee Understanding and Motivation

(N= 881)

Sample Survey Items (Data prepared by OWLS)	Pre	Post	
I understand the link between unhealthy coping and unhealthy habits like substance misuse.	80%	91%	14%
My coworkers (team) contribute to my resilience.	61%	83%	36%
I know my own early warning signs for stress.	62%	75%	20%
I am confident that I can recognize these signs before I experience too much stress.	46%	67%	45%

Helping our Team Hop off the Struggle Bus

Occupational Health: Its Role in Primary Prevention & Recovery Supportive Workplaces

Kristen Chalmers, LMSW
Educational Specialist & Clinic Social Worker
Finger Lakes Occupational Health Services
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Let's start off with some opening questions……

Finger Lakes Occupational Health Services

Member of the NYS Dept. of Health Occupational Health Clinic Network

Servicing **Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates Counties**

A University of Rochester Medical Center Program

Agenda

I. Define Occupational Health and its role in Primary Prevention

II. Discuss Primary Prevention and psychosocial work hazards including work-related stress, burnout, and bullying

III. Identify the role of the workplace in mitigating SUD/OUD/AUD and assisting with mission of Recovery Supportive Workplaces

What do you know about Occupational Health?

A lot…

Some…

A little…

Almost nothing…

Occupational Health

An area of work in public health to promote and maintain ***highest degree of physical, mental and social well-being*** of workers in all occupations

(Who, 2023)

Work Environment

Occupational health is dedicated to the well-being and safety of employees in the workplace and seeks to create a safe work environment, as well as fostering a **work culture that values and prioritizes sustaining it**

Safe and healthy working environments are not only a *fundamental right*, but are also more likely to

- minimize tension/conflicts at work
- improve staff retention
- improve work performance
- improve productivity

(WHO, 2022)

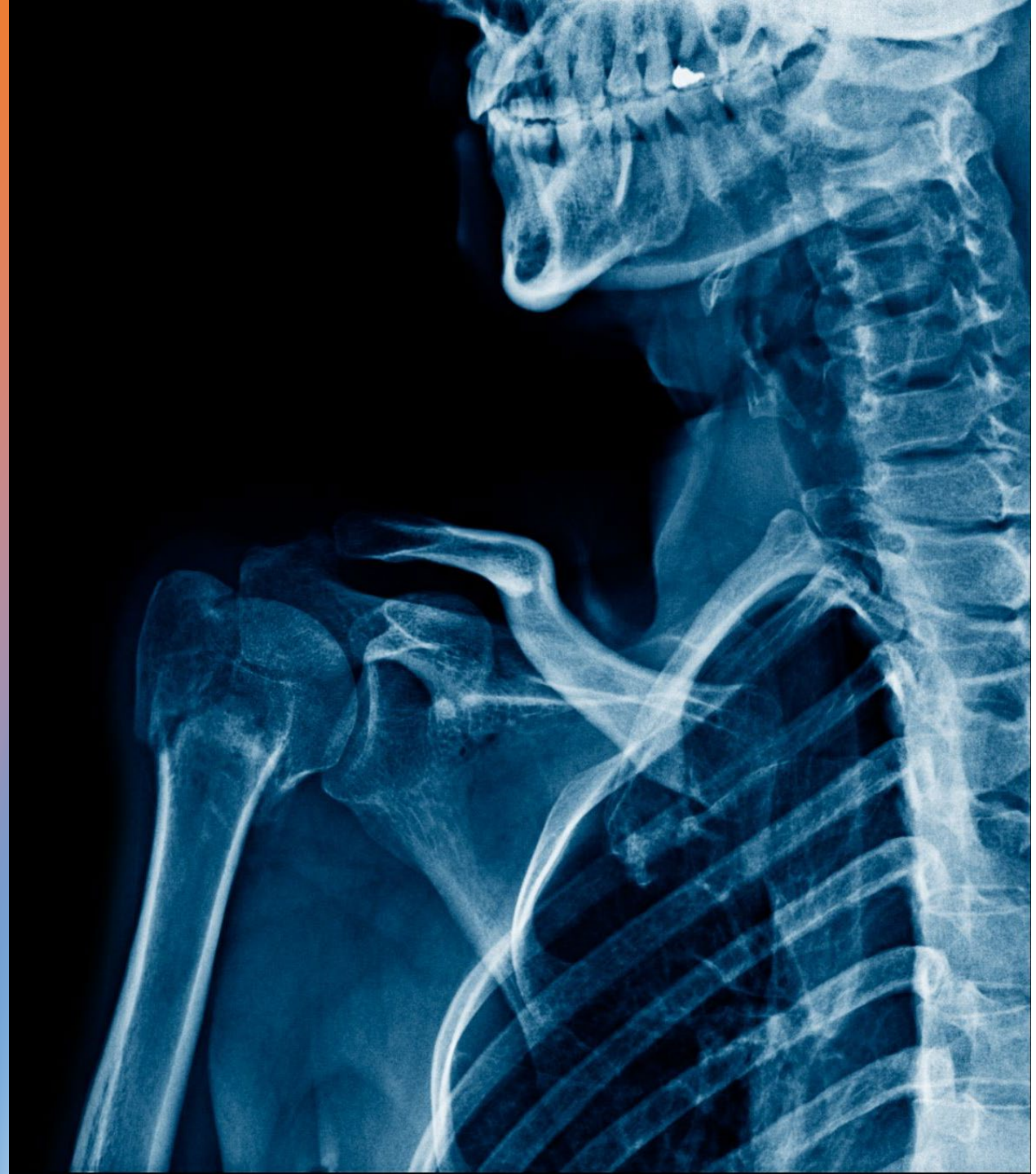
Primary Prevention

Primary prevention is a public health strategy that aims to prevent disease or injury before it occurs by

1. preventing exposures to hazards that can cause disease or injury

2. altering unhealthy or unsafe behaviors that can lead to disease or injury

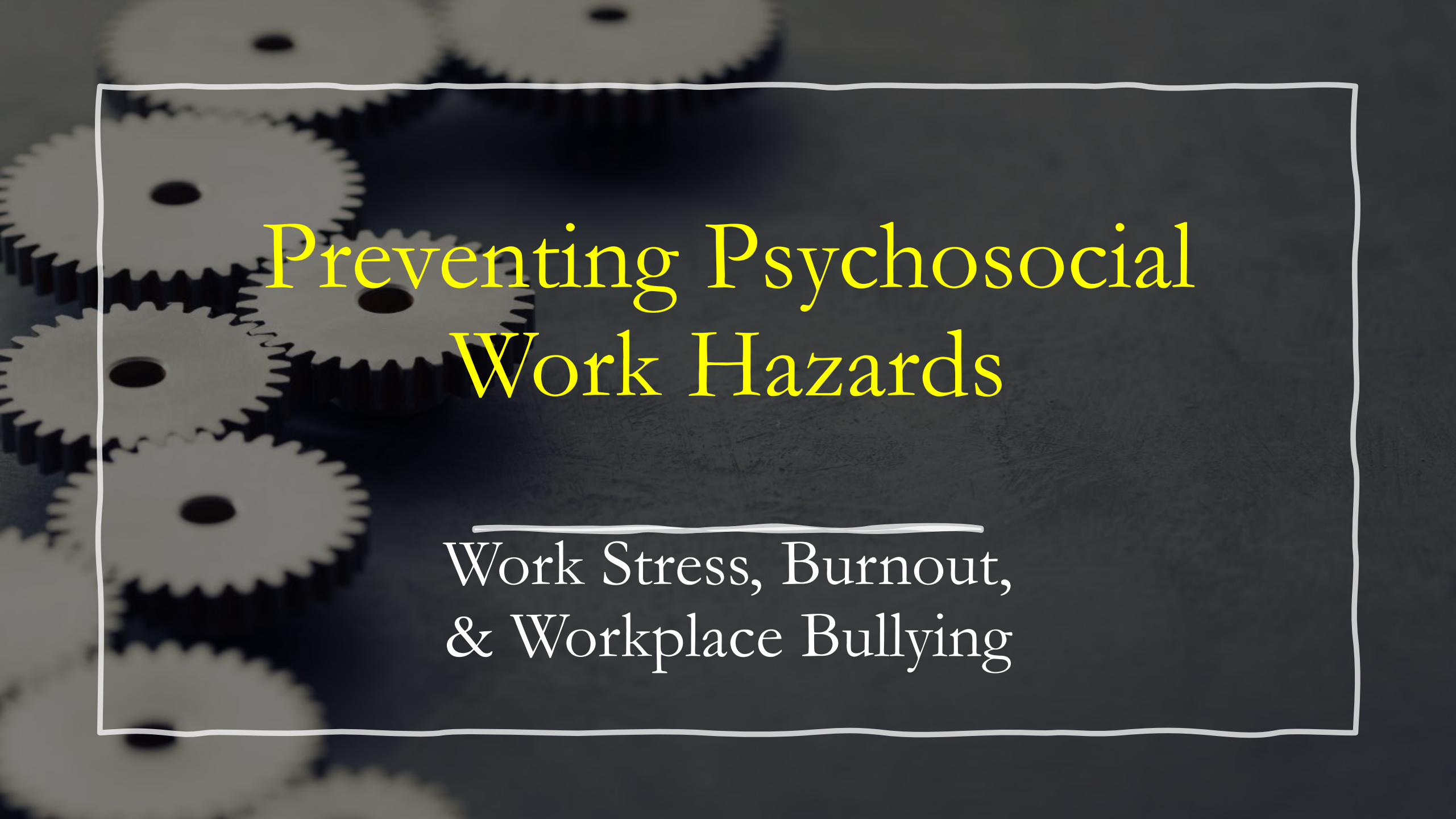
3. addressing mental health issues that can affect physiological outcomes



Employer-Reported Workplace Injuries & Illnesses

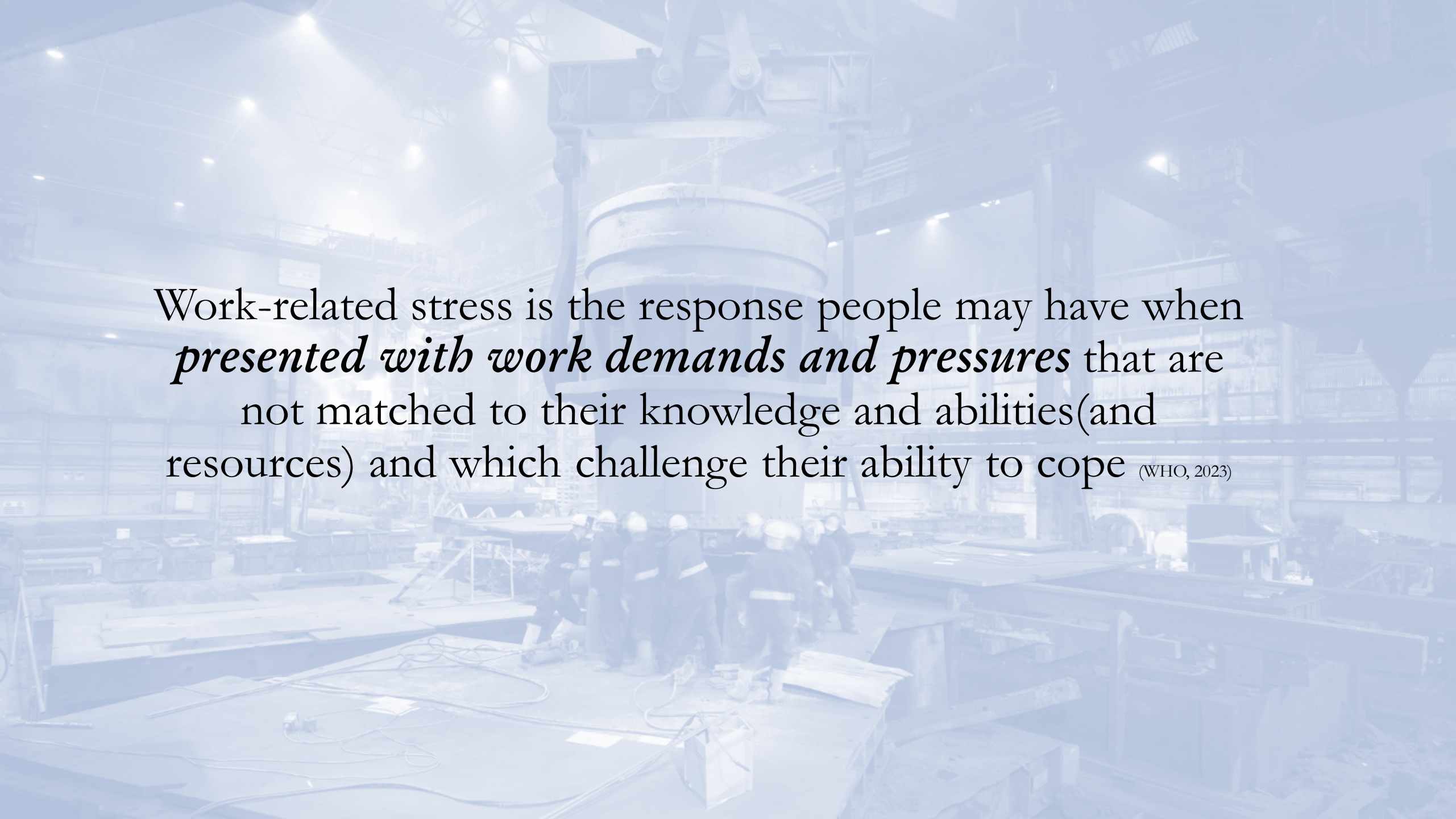
- Private industry employers reported 2.8 million nonfatal workplace injuries and illnesses in 2022, up 7.5 percent from 2021
- There were 5,190 fatal work injuries recorded in the United States in 2021 (an 8.9-percent increase from 2020)
- In addition, workers' compensation claims total over a billion dollars every week.

(Bureau of Labor Statistics, U.S. Department of Labor, 2023)

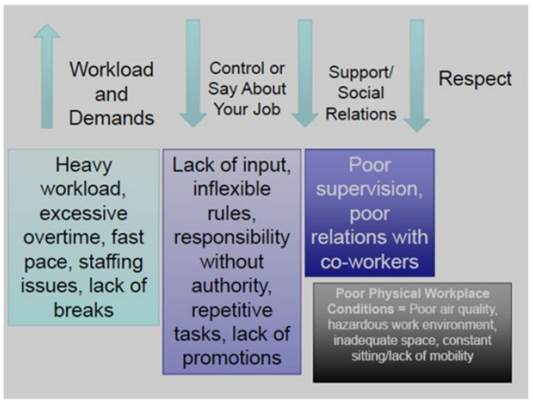


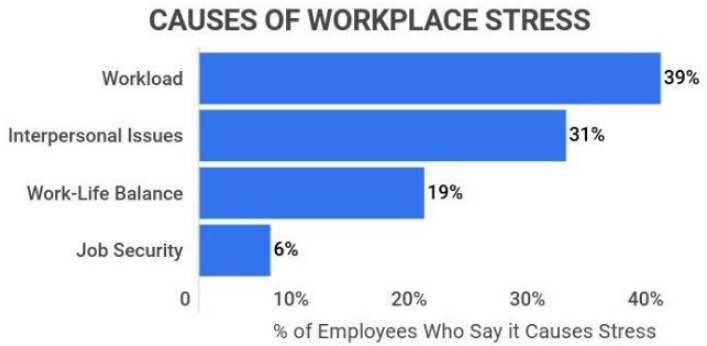
Preventing Psychosocial Work Hazards

Work Stress, Burnout, & Workplace Bullying



Work-related stress is the response people may have when ***presented with work demands and pressures*** that are not matched to their knowledge and abilities(and resources) and which challenge their ability to cope (WHO, 2023)


Workload and Demands
Control or Say About Your Job
Support/ Social Relations
Respect
Heavy workload, excessive overtime, fast pace, staffing issues, lack of breaks
Lack of input, inflexible rules, responsibility without authority, repetitive tasks, lack of promotions
Poor supervision, poor relations with co-workers
Poor Physical Workplace Conditions = Poor air quality, hazardous work environment, inadequate space, constant sitting/lack of mobility


CAUSES OF WORKPLACE STRESS
Workload
39%
Interpersonal Issues
31%
Work-Life Balance
19%
Job Security
6%
0
10%
20%
30%
40%
% of Employees Who Say it Causes Stress

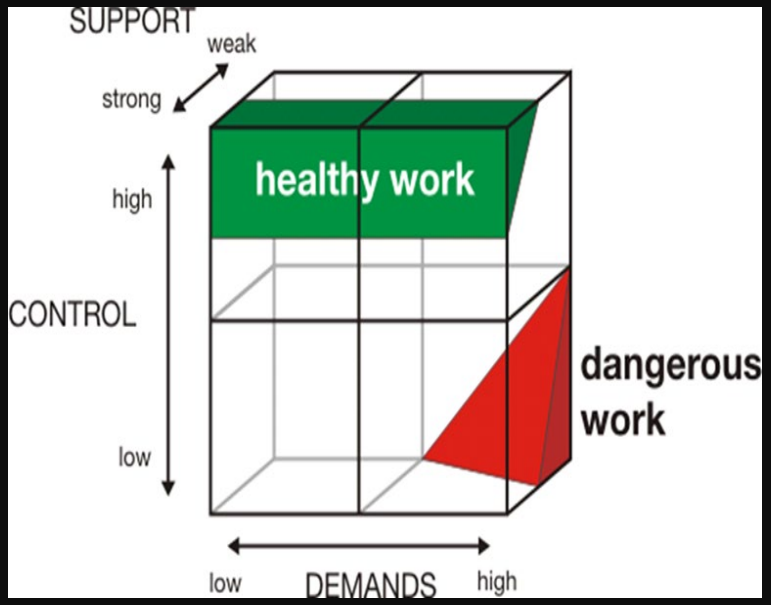
The long-term activation of the stress response system and the overexposure to cortisol and other stress hormones that follows can disrupt almost all your body's processes.

- Anxiety
- Depression
- Digestive problems
- Headaches
- Muscle tension and pain
- Heart disease, heart attack, high blood pressure and stroke
- Sleep problems
- Weight gain
- Memory and concentration impairment

(Mayo clinic, 2023)

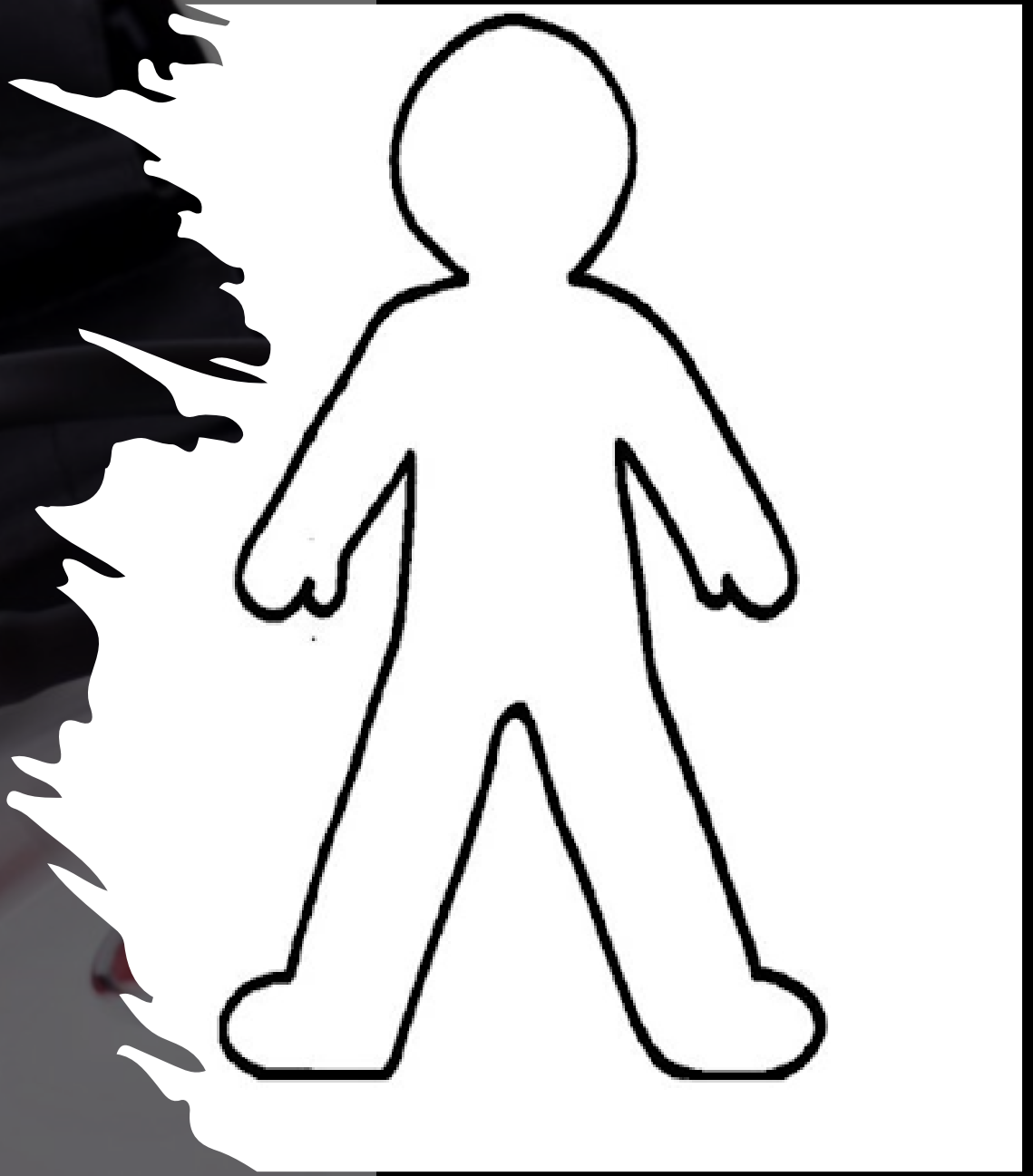
Excessive workplace stress causes a staggering 120,000 deaths and results in nearly $190 billion in health care costs each year

(Goh et al., 2015)



Body Map:

Where do you experience stress?



How else is stress showing up in your life?

Workplace Bullying

An act harassment, socially excluding, offending, or negative affecting someone's work-related tasks

A pattern of behavior that harms, intimidates, undermines, offends, degrades or humiliates an employee, possibly in front of other employees, clients or customers


Have you known a Workplace Bully?

Examples of Bullying Behavior

Unwarranted or invalid criticism; unjustified blame

Undermining others work in front of the workgroup or management

Invading others' privacy

Devaluing others' opinions

Taking credit for the work of another

Being treated differently from others in your workgroup/ Shunning, excluding, marginalizing, or using the silent treatment

Giving unfair or unattainable tasks and deadlines

Criticizing others incessantly

Being sworn at, shouted at or humiliated

Withholding information/ Setting someone up to fail

Withholding tasks or refusing to assign them necessary work or by giving them unimportant and dull projects

Not providing important assignment-related information

Exclusion or social isolation

Excessive monitoring, micro-managing or being given unrealistic deadlines

Comments that have a negative effect on work performance

Telling offensive or inappropriate jokes

The persistency, the systematic nature, ***and the feeling of being trapped and victimized by the harassment***, which distinguishes bullying from other forms of aggression and mistreatment in the workplace

(Nielsen & 2018)

Because it is legal, workplace bullying remains invisible....

Harassment at work, including bullying, violates human rights and undermine mental and physical health

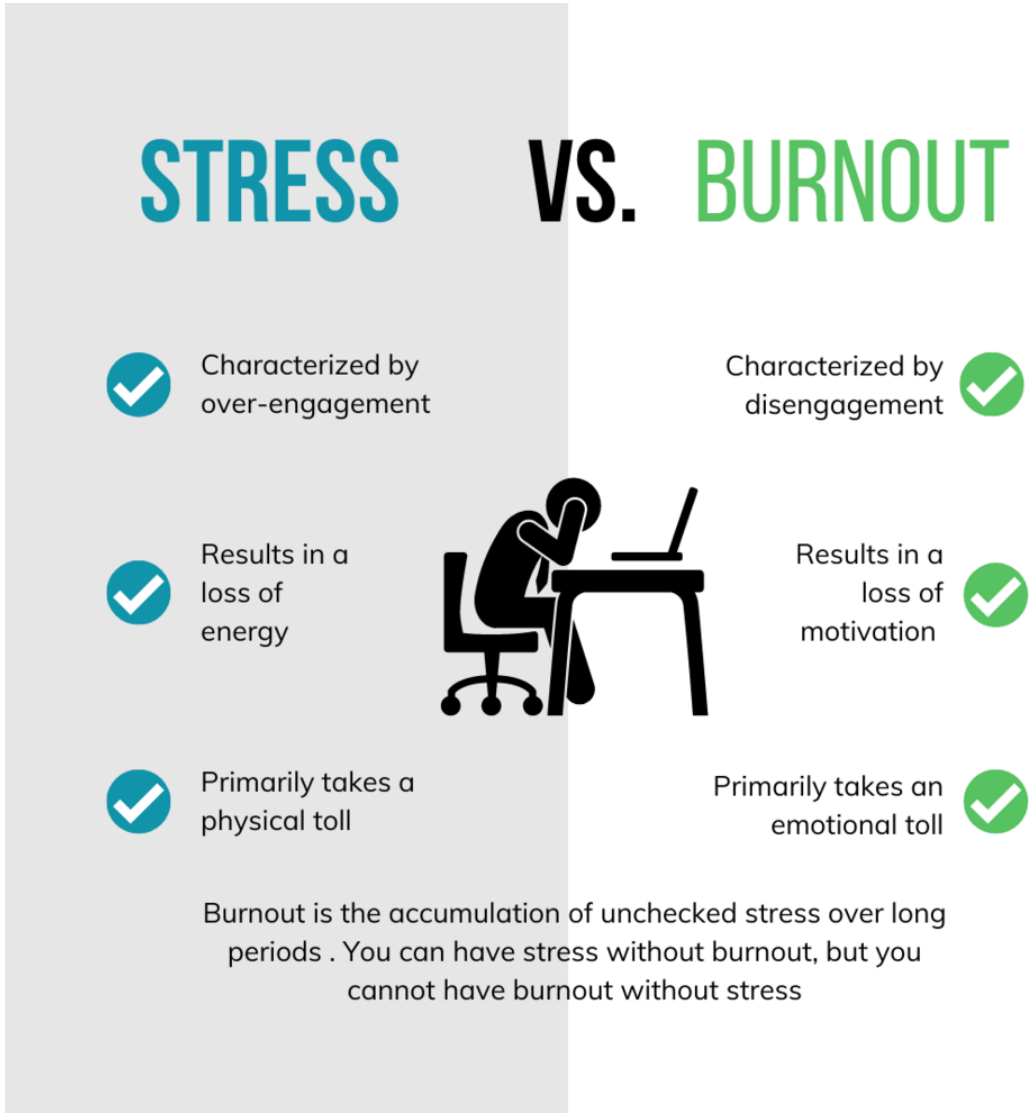
Work Stress or Burnout?

Work stress

(high job demand-low job control)

can *deplete employee resources and lead to burnout*

(Tang et al., 2019)

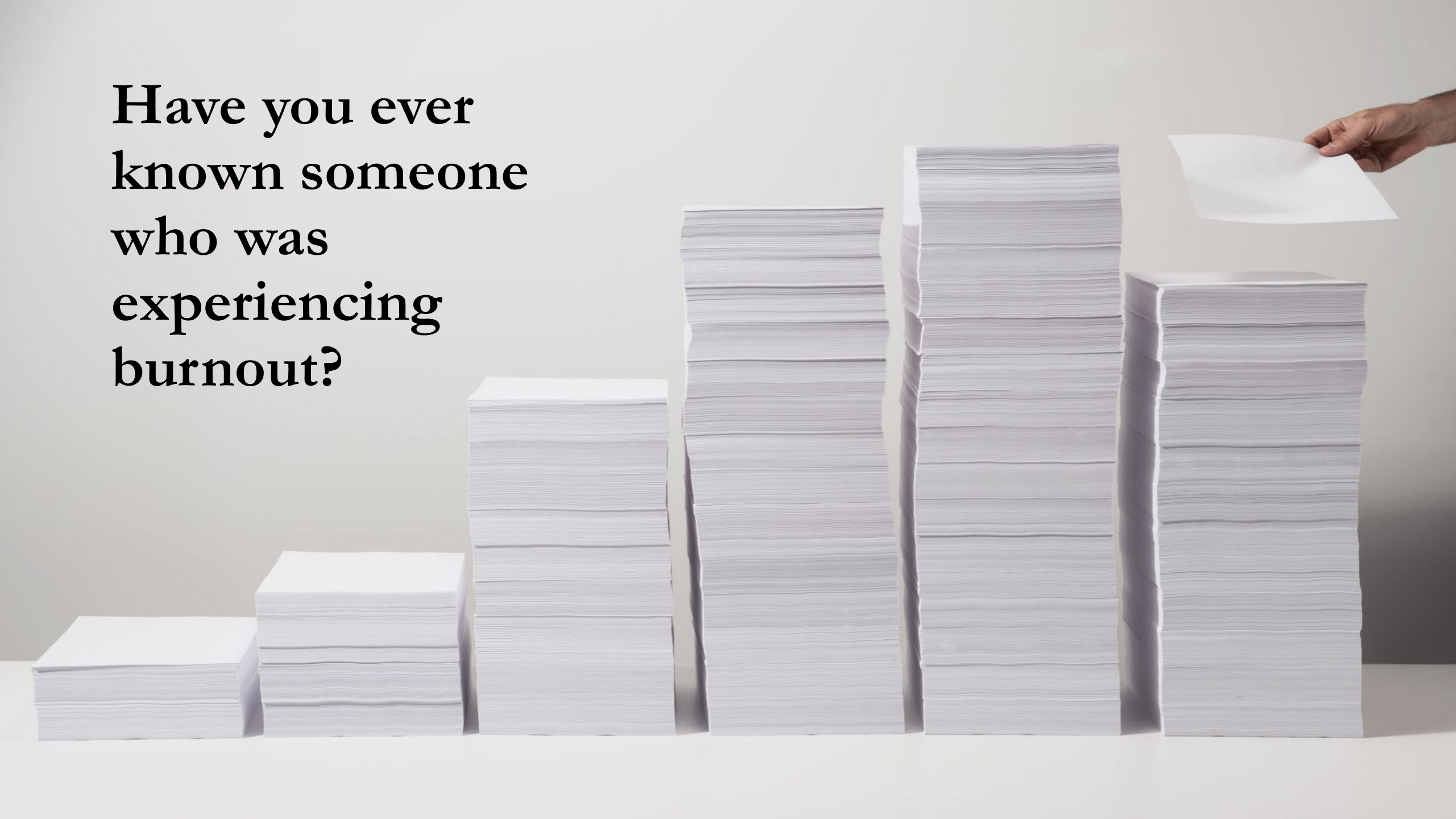


Burnout includes three key dimensions/responses:

- an overwhelming exhaustion
- feelings of cynicism and detachment from the job
- a sense of ineffectiveness, helplessness and reduced personal accomplishment

(Maslach & Leiter, 2016)

Have you ever known someone who was experiencing burnout?



Workplace Injury & Stress

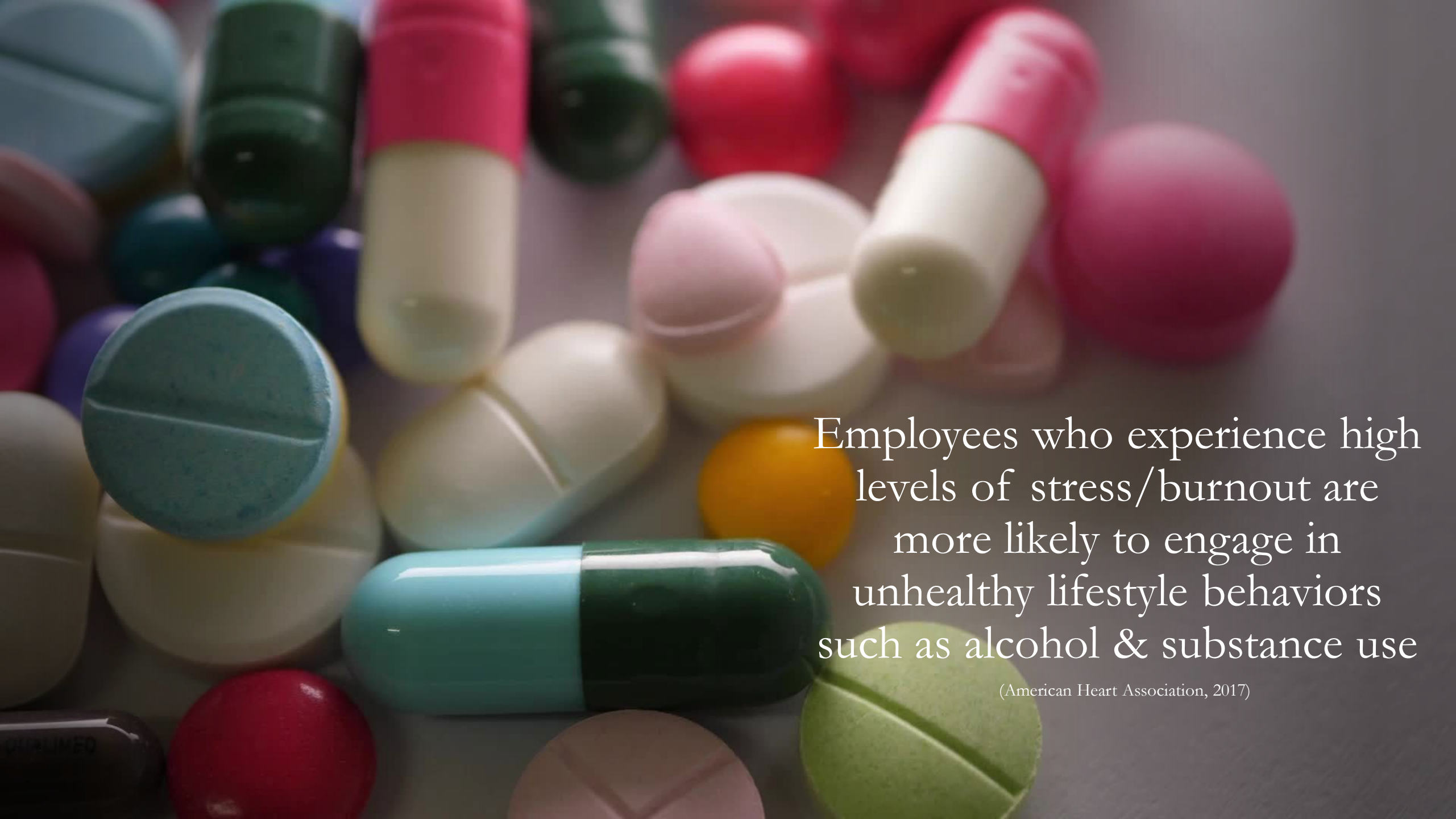
can initiate new cases of SUDs related to:

- -opioid prescription
- -lack of access to alternative pain treatments
- -or self-medication

In 2020, private employers reported 2.8 million work injuries and illnesses

Workers' compensation data from 26 states (2013–2015) indicated that opioids were prescribed for 52%–80% of injured workers who received pain medications

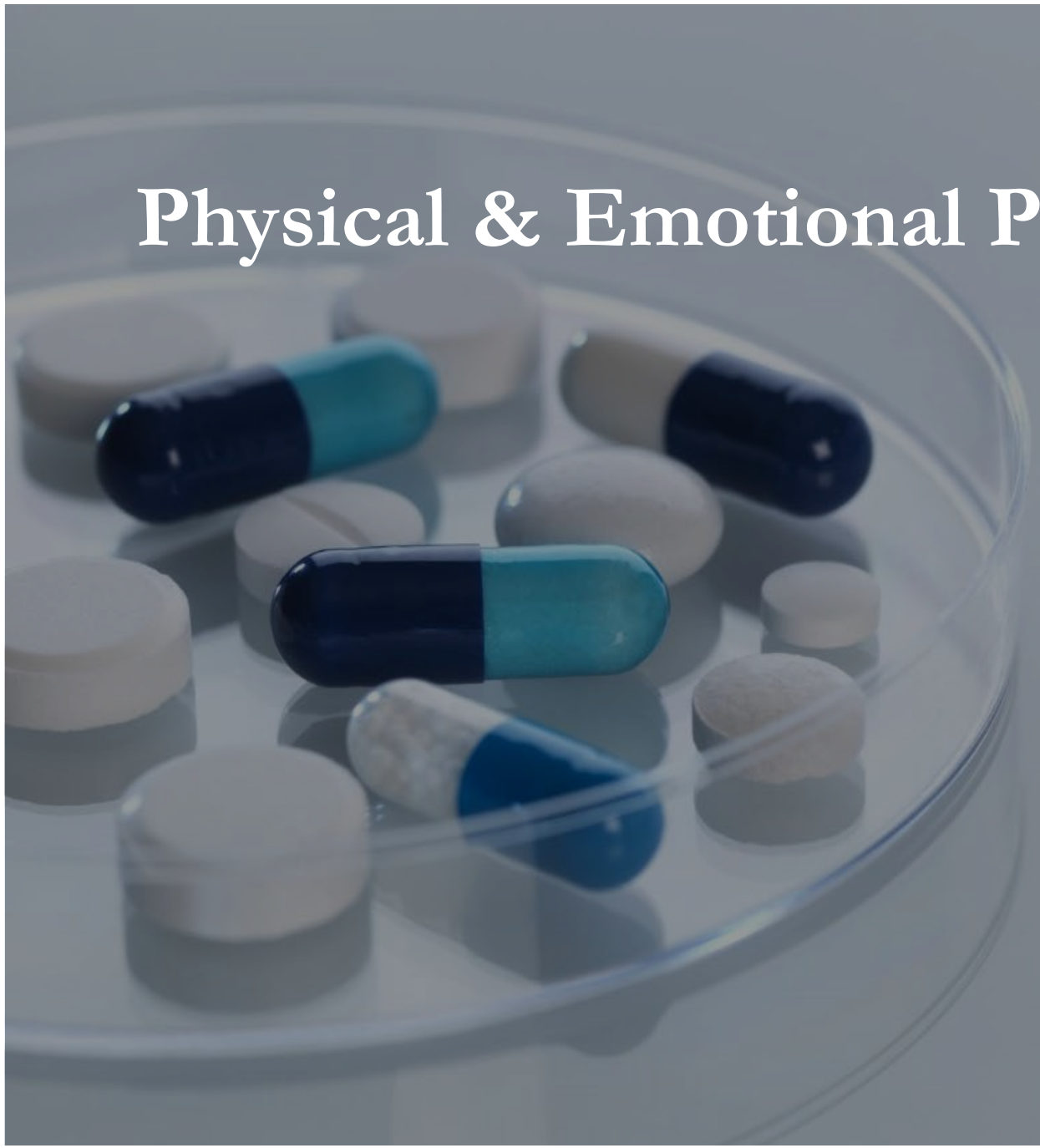
(RFW Landscape Analysis, 2023)



Employees who experience high levels of stress/burnout are more likely to engage in unhealthy lifestyle behaviors such as alcohol & substance use

(American Heart Association, 2017)

Physical & Emotional Pain



Workplace injury, stress, burnout, and bullying may lead to the use of prescription opioids or self-medication to address physical and emotional pain

The Opioid Epidemic

Overdose deaths remain a leading cause of injury-related death in the United States

The majority of overdose deaths involve opioids

Deaths involving synthetic opioids (largely illicitly made fentanyl) and stimulants (such as cocaine and methamphetamine) have increased in recent years

For every drug overdose that results in death, there are many more nonfatal overdoses, each one with its own emotional and economic toll

Workplace injury and stress may lead to the use of prescription opioids or self-medication to address physical and emotional pain

(CDC, 2023)

- More than **one million** people have died since 1999 from a drug overdose
- In 2021, **106,699 drug overdose deaths** occurred in the United States
- Opioids were involved in **75.4%** of all drug overdose deaths in 2021
- Drug overdose deaths involving psychostimulants such as methamphetamine are increasing

(CDC, 2023)

The workplace is often the forgotten link in the national and state response to the opioid crisis

70% of the 11.5 million people who misused prescription opioids ***were employed full or part time*** according to SAMHSA (2017)

Workplaces: *A Pathway to Recovery*

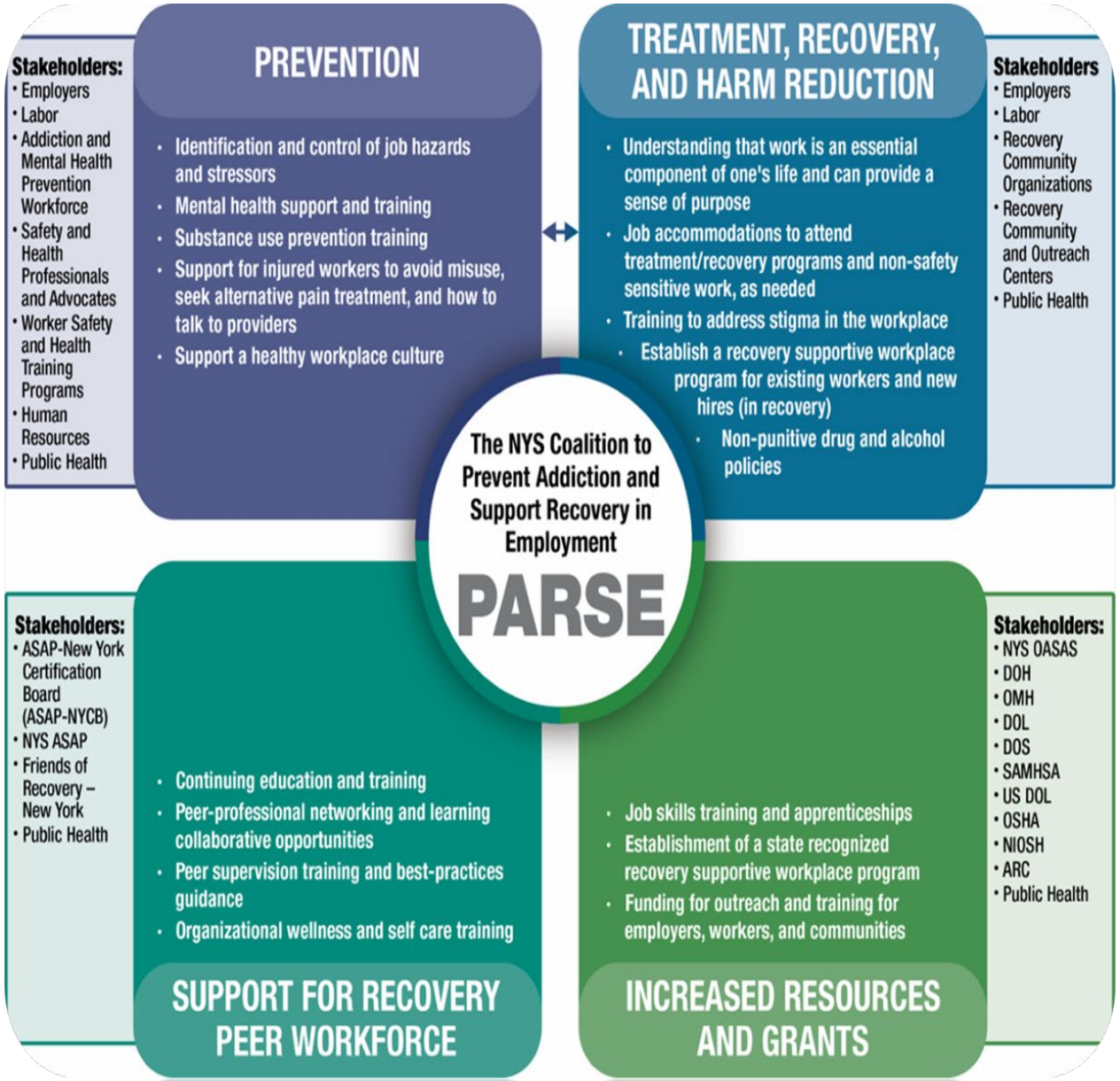
A growing body of evidence addresses work-relatedness: “ Opioid use disorder (OUD) and opioid overdose deaths (OODs) are prevalent among U.S. workers, but work-related factors have not received adequate attention as either risk factors or opportunities for OOD prevention. ”

The workplace has the potential to be a key component of the national response to the overdose crisis

(RFW Landscape Analysis, 2023)

Recovery

is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential


PREVENTION
Identification and control of job hazards and stressors
Mental health support and training
Substance use prevention training
Support for injured workers to avoid misuse, seek alternative pain treatment, and how to talk to providers
Support a healthy workplace culture
Stakeholders:
Employers
Labor
Addiction and Mental Health Prevention Workforce
Safety and Health Professionals and Advocates
Worker Safety and Health Training Programs
Human Resources
Public Health
TREATMENT, RECOVERY, AND HARM REDUCTION
Understanding that work is an essential component of one's life and can provide a sense of purpose
Job accommodations to attend treatment/recovery programs and non-safety sensitive work, as needed
Training to address stigma in the workplace
Establish a recovery supportive workplace program for existing workers and new hires (in recovery)
Non-punitive drug and alcohol policies
Stakeholders
Employers
Labor
Recovery Community Organizations
Recovery Community and Outreach Centers
Public Health
The NYS Coalition to Prevent Addiction and Support Recovery in Employment
PARSE
SUPPORT FOR RECOVERY PEER WORKFORCE
Continuing education and training
Peer-professional networking and learning collaborative opportunities
Peer supervision training and best-practices guidance
Organizational wellness and self care training
Stakeholders:
ASAP-New York Certification Board (ASAP-NYCB)
NYS ASAP
Friends of Recovery – New York
Public Health
INCREASED RESOURCES AND GRANTS
Job skills training and apprenticeships
Establishment of a state recognized recovery supportive workplace program
Funding for outreach and training for employers, workers, and communities
Stakeholders:
NYS OASAS
DOH
OMH
DOL
DOS
SAMHSA
US DOL
OSHA
NIOSH
ARC
Public Health

Prevention

IDENTIFICATION AND CONTROL OF JOB HAZARDS AND STRESSORS

MENTAL HEALTH SUPPORT AND TRAINING

SUBSTANCE USE PREVENTION TRAINING

SUPPORT FOR INJURED WORKERS TO AVOID MISUSE, SEEK ALTERNATIVE PAIN TREATMENT, AND HOW TO TALK TO PROVIDERS

SUPPORT A HEALTHY WORKPLACE CULTURE

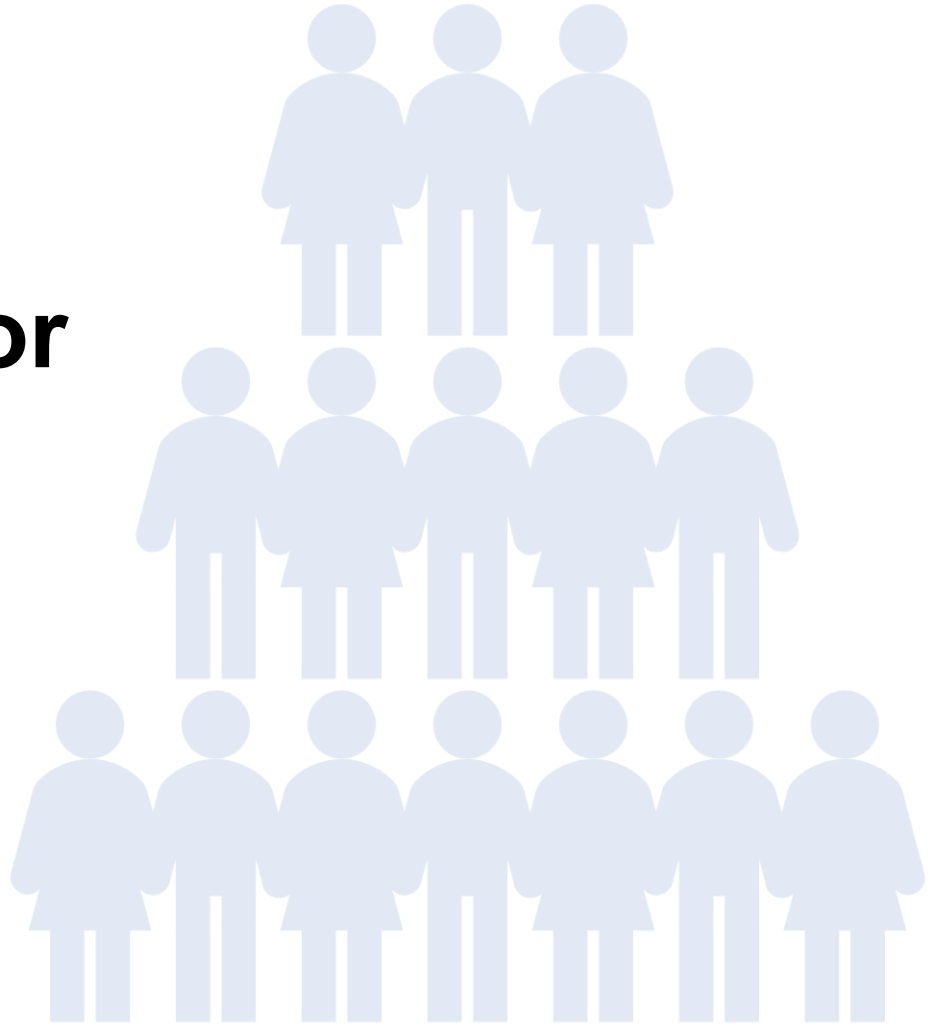
A Growing Movement: *Recovery Supportive Workplace*

The National Institute for Occupational Safety and Health (NIOSH) states the aims of a recovery-supportive workplace are:

“ To prevent workplace factors that could cause or prolong a substance use disorder; and lower barriers to seek and receive care, and in maintaining recovery”

Biden Administration Announces Toolkit For "Recovery Ready Workplaces"

- *to help businesses and employers prevent and respond more effectively to substance use disorder among employees, build their workforces through hiring people in recovery, and develop a recovery-supportive workplace culture.* (White House, 11/9/23)



New Hampshire

Gov. Chris Sununu launched New Hampshire's "Recovery Friendly Workplace Initiative" in 2018, designed to empower businesses around the state to support individuals with substance use disorders. Since the program's inception, ***350 businesses*** have been designated as "recovery friendly workplaces," encompassing ***nearly 100,000 employees***

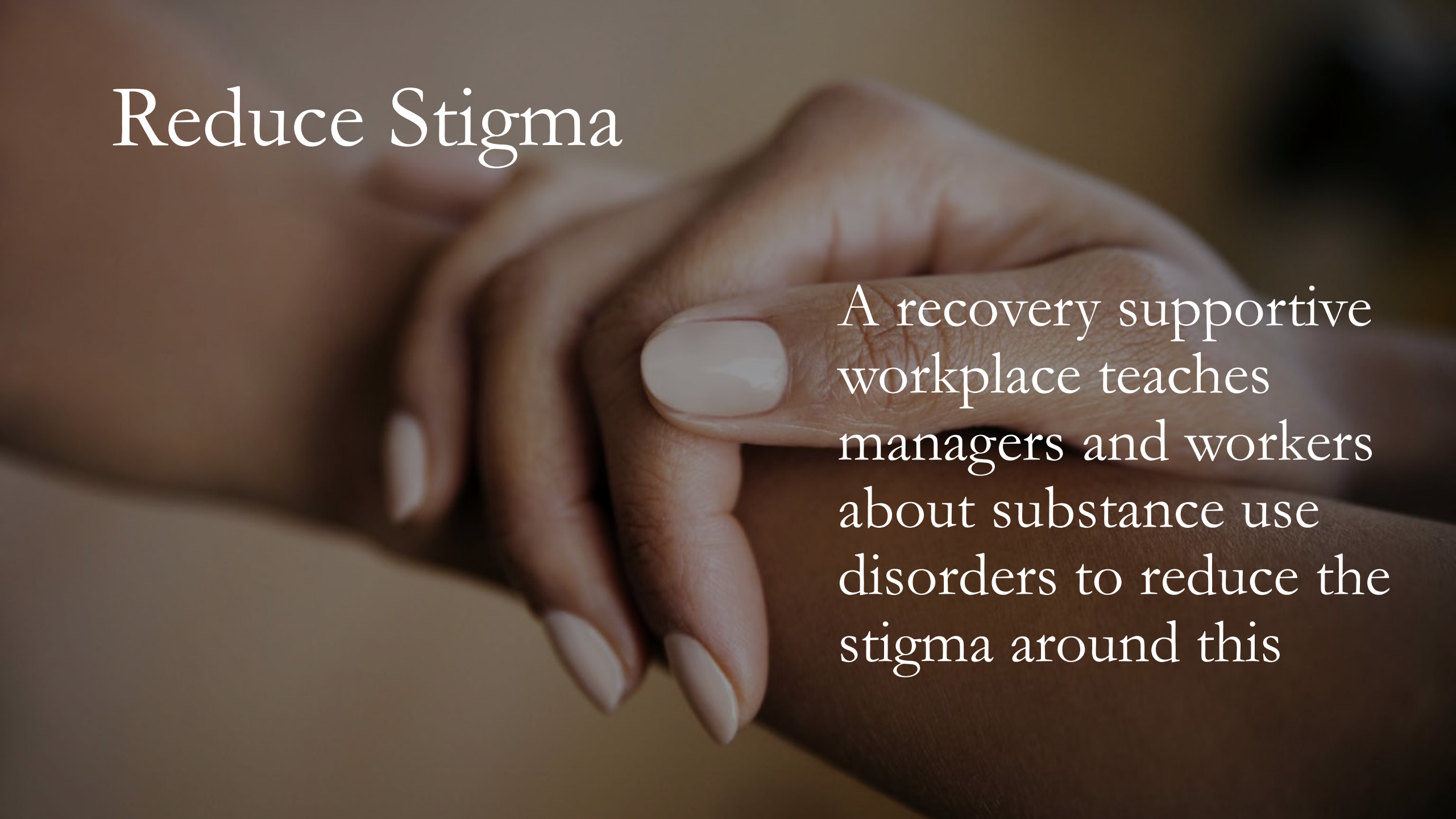
The work done in New Hampshire will continue expanding nationwide. Sununu will serve as the honorary board chair of the National Recovery Friendly Workplace Institute, what he described as a "nonprofit, nonpartisan effort" that will be housed in the Global Recovery Initiatives Foundation

Recovery-Ready Workplaces adopt policies and practices that:

Expand	expand employment opportunities for people in or seeking recovery;
Facilitate	facilitate help-seeking among employees with substance use disorder (SUD);
Ensure	ensure access to needed services, including treatment, recovery support, and mutual aid;
Inform	inform employees in recovery that they may have the right to reasonable accommodations and other protections that can help them keep their jobs;
Reduce	reduce the risk of substance misuse and SUD, including through education and steps to prevent injury in the workplace;
Educate	educate all levels of the organization on SUD and recovery, working to ***reduce stigma*** and misunderstanding, including by facilitating open discussion on the topic;
Ensure	ensure that prospective and current employees understand that the employer is recovery-ready and are familiar with relevant policies and resources.

(DOL, 2023)

Reduce Stigma



A recovery supportive workplace teaches managers and workers about substance use disorders to reduce the stigma around this

Recovery Friendly Workplace Landscape Analysis

August 2023

Recovery Friendly Workplace (RFW) initiatives have emerged around the U.S. as important interventions in addressing substance use disorder (SUD) and the opioid overdose crisis

A RFW program strives to prevent SUD by creating a healthy and safe workplace, providing support for workers who are struggling, and facilitating opportunities for people in recovery to reenter or enter the workplace

Recovery Friendly Workplace (RFW) =

Recovery Ready Workplaces (RRW)

The report presents results from a nationwide survey conducted to identify RFW program resources *and*

to capture key characteristics including:

- outreach
- training
- prevention
- criteria for employers to achieve RFW status, job placement
- and support for workers in recovery

The goal of RRW/RFW programs is to provide outreach, training, and certification to employers in cooperation with government officials, workers, labor unions, and communities to:

Prevent	Prevent initiation of new cases of misuse and addiction related to workplace injury and stress through by reducing exposures to job hazards and stressors
Support	Support employees who are struggling and retain employees by providing access to treatment and pathway to return to work
Provide	Provide healthy, gainful employment for people in recovery
Reduce	Reduce absenteeism, presenteeism, and lost productivity among employees with substance use disorder

Finger Lakes Occupational Health Services (again ☺)

Member of the NYS Dept. of Health Occupational Health Clinic Network

Servicing **Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates Counties**

A University of Rochester Medical Center Program

kristen_chalmers@urmc.rochester.edu

Questions?

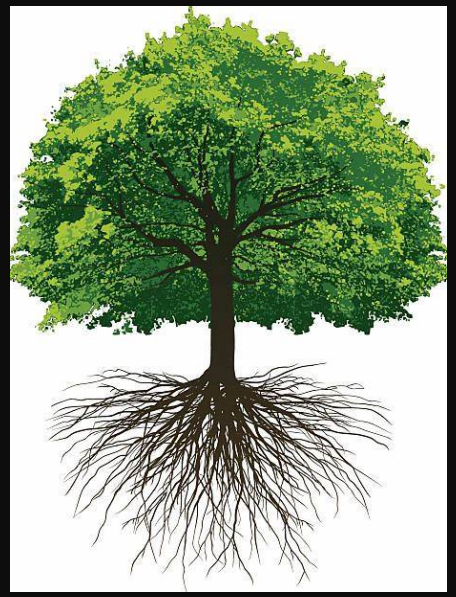
Thank you for attending

Healthy Workplaces

=

Prevention

Jeanette Zoeckler, PhD, MPH
Occupational Health Clinical Center Syracuse NY
PARSE COALITION SYMPOSIUM
Dec 5, 2023
The Desmond Hotel, Albany, NY



PARSE
NYS Coalition to Prevent Addiction and Support Recovery in Employment

Myths vs. Reality

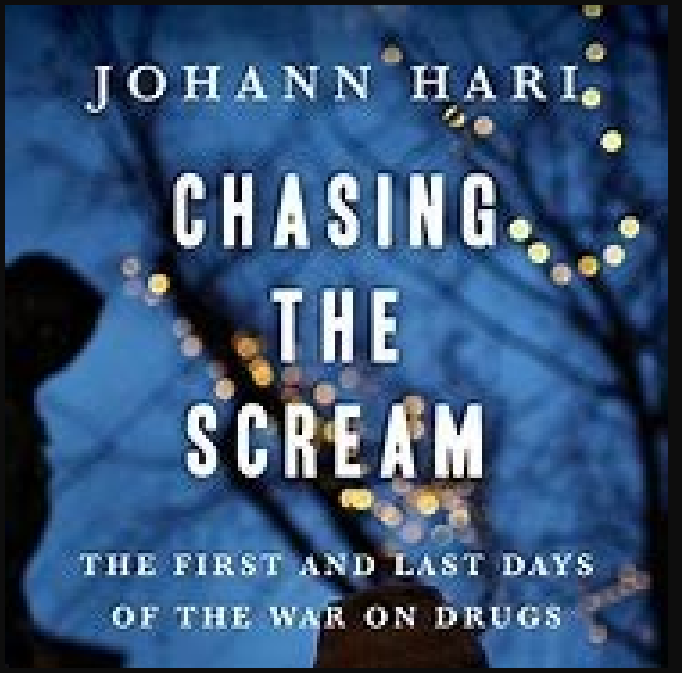
Almost everything we think we know about substance use is wrong.

- Bruce Alexander – simple experiments demonstrated drug availability leads to addiction leading to death
  - But, Peter Cohen (Netherlands) - “rat park” – gives rise to low use, zero overdose
  - “Viet Nam War” heroin – 95% stopped at home, post war

What if addiction is an adaptation to your environment?

- Bonding with something that gives you relief from suffering/stress is our nature

(TED Talk Johann Hari) https://www.youtube.com/watch?v=PY9DcIMGxMs



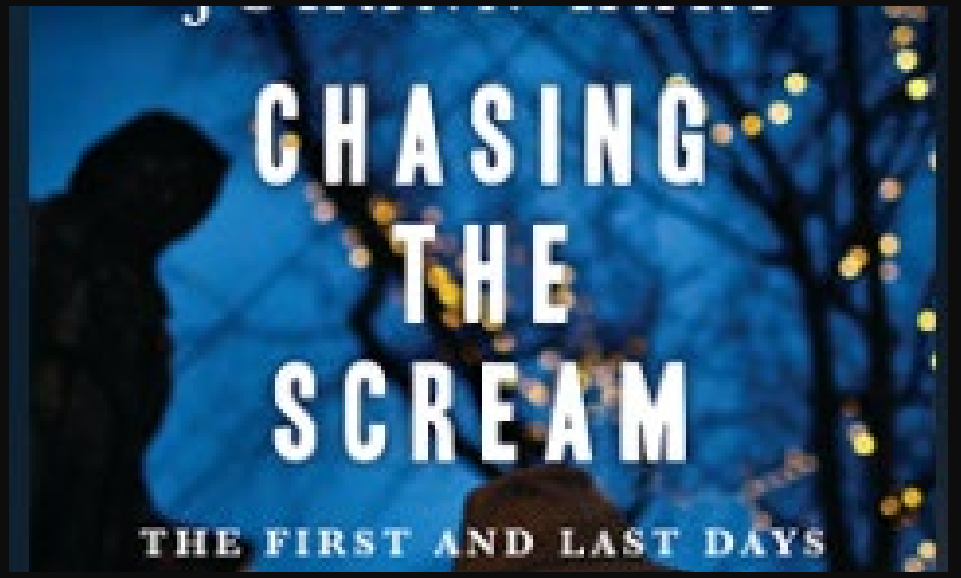
Myths vs. Reality

What happens when you are not able to bear to be present in your life?

- Barriers in connecting/reconnecting create conditions for substance use/addiction
  - i.e. job creation/business loans/bonds & relations for wider society (Portugal)
  - Deep, nuanced, textured, face-to-face relationships vs. lonely isolation
- Social recovery is not just about individual recovery (ala “intervention”)

Work is the major vehicle for daily social interaction

- Opportunity for reclaiming lost connection is often materialist, toxic, status oriented, etc.



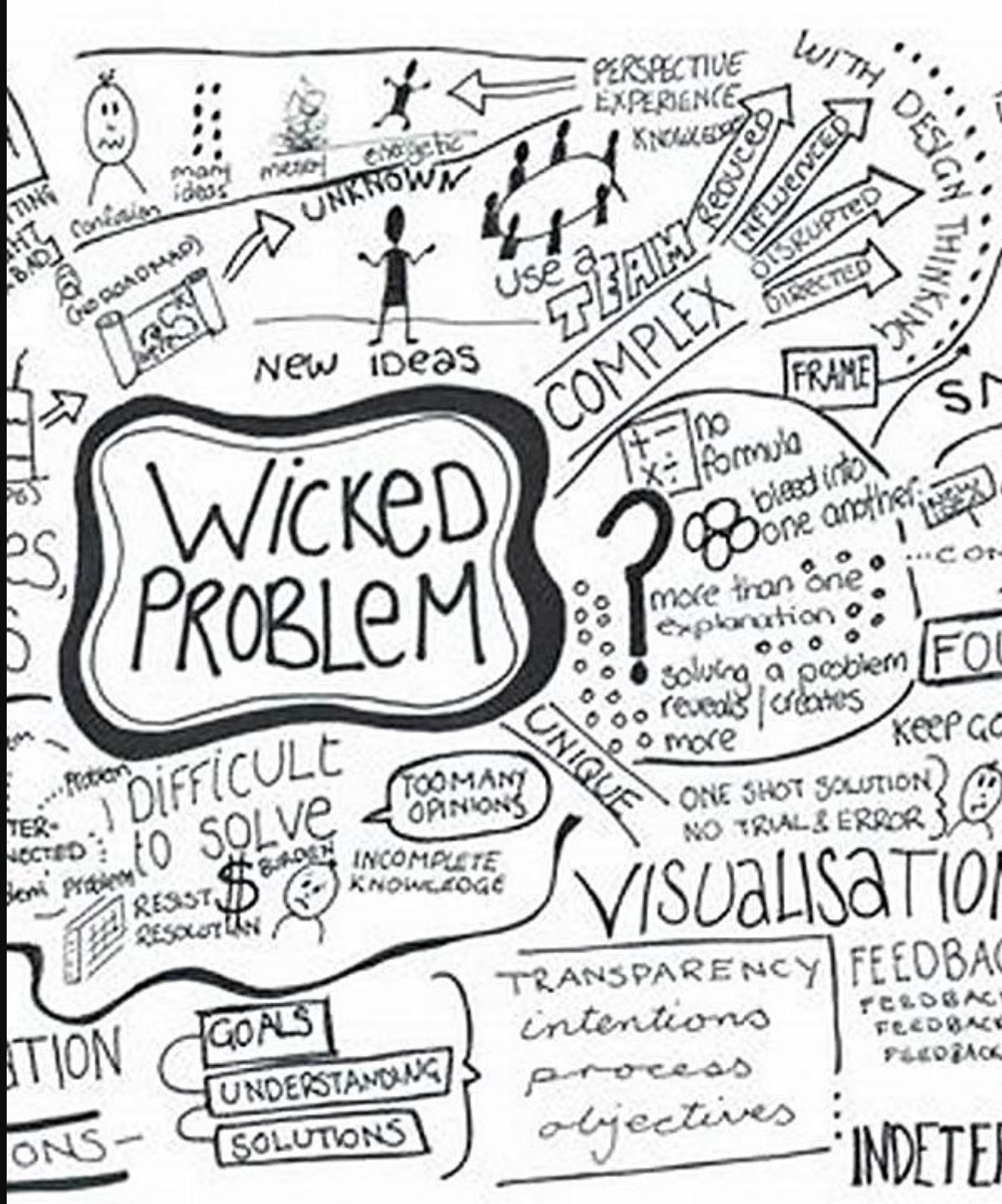
(TED Talk Johann Hari) https://www.youtube.com/watch?v=PY9DcIMGxMs

Wicked Problem of Occupational Health

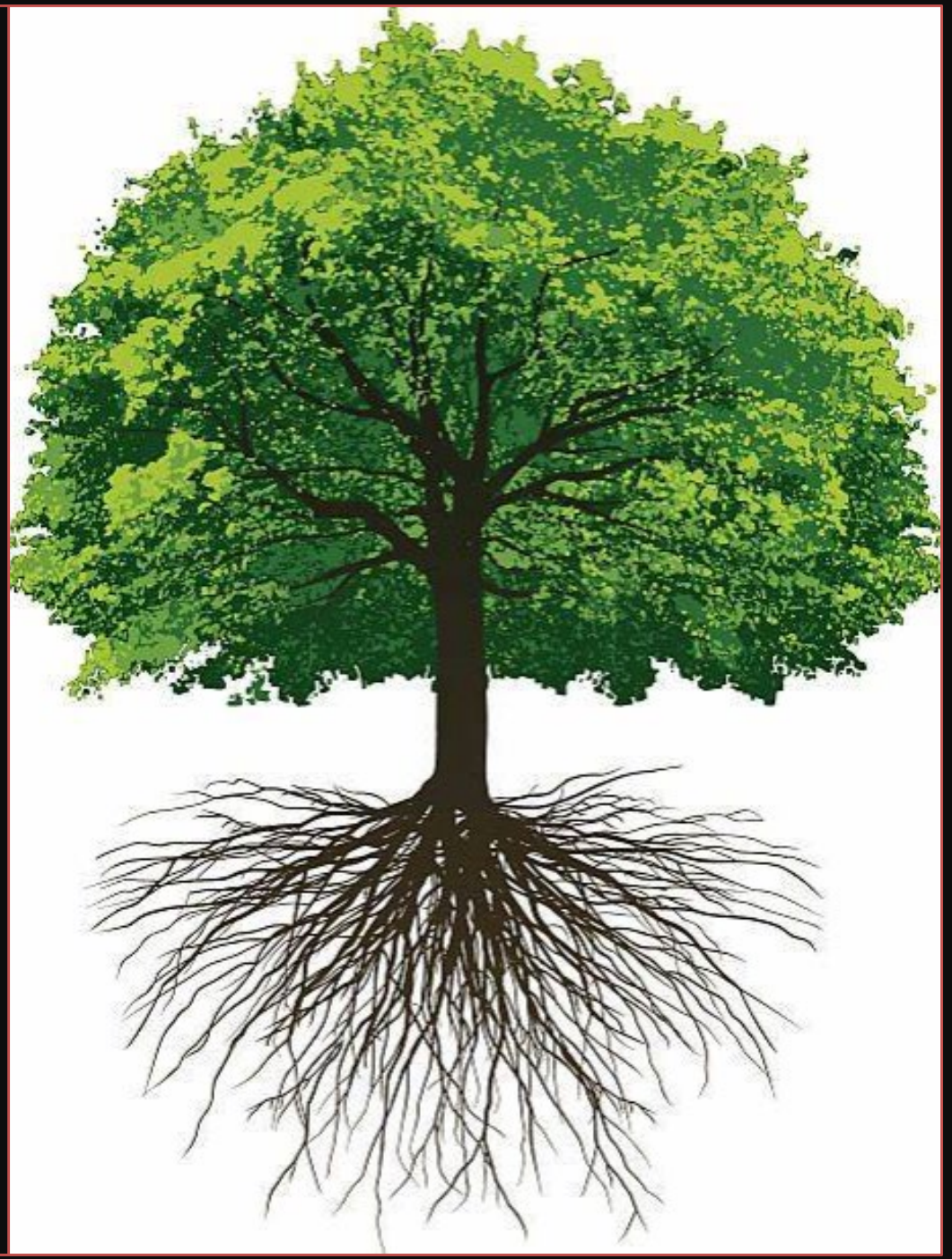
In 2021, overdose deaths surpassed the 100,000 mark for the first time in the United States' history, and alcohol-related deaths continue to surpass 140,000 each year.

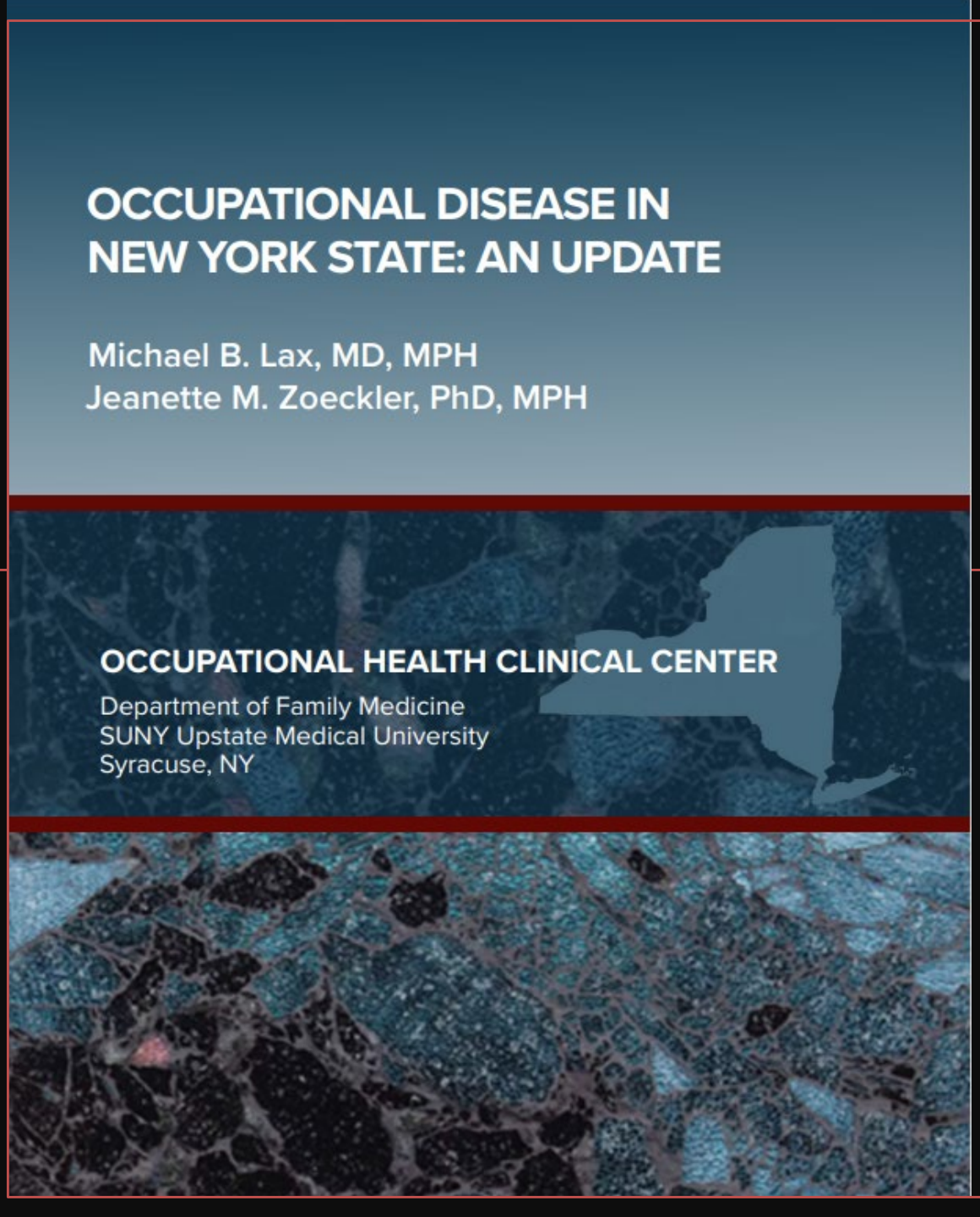
Regulatory and societal barriers to effective treatment and prevention of substance use problems persist.

Innovative strategies and approaches to support long-term recovery can help reduce sickness and death.



Root Causes… Matter





[Occupational Disease in NYS Lax Zoeckler Dec 2021.pdf (ohccupstate.org)]

INTRODUCTION

- Occupational disease is an epidemic that is largely 'hidden in plain sight.'

- At the same time, work-related disease is preventable.

- Since these illnesses arise or are made worse by hazardous workplace conditions, elimination or reduction of those hazards eliminates or reduces disease.

- Protecting workers from these hazards requires a multi-faceted approach, addressing disease recognition, treatment and prevention, and must involve both governmental agencies and non-governmental organizations and advocates.

Aims of the Report

- The changing landscape of work alters the profile of hazards workers face on the job.
- Other political and economic changes combine to make it less likely that occupational disease will be recognized.
- There is a need to critically evaluate the definition of occupational disease in order to better determine what gets counted when assessing incidence, risk and costs, and consequently, the type and amount of resources that need to be devoted to the prevention, treatment, and compensation of these conditions.
- Re-defining occupational disease enlarges the concept and will improve the accuracy of what is recognized.

Mortality Results

-a total of 7,016 deaths (7.14%) were due to occupational disease in NYS.

-stratified by gender and age

-Deaths attributable to occupational disease in men numbered 5,243 or 9.5% of deaths from all causes among men.

-Deaths attributable to occupational disease in women numbered 1,709 or 4.0% of deaths from all causes among women.

-Among the men, cancer and circulatory causes made up 87% of the occupationally related deaths, and among the women 93% were comprised of cancer, circulatory conditions and infectious diseases.

(Nurminen & Karjalainen 2012)

Morbidity Results

- **We estimate that occupational disease comprises 13.2% of total disease prevalence in the state.**
  - **In contrast to mortality, musculoskeletal, respiratory and nervous disorders make up nearly 80% of the total occupational disease burden.**
  - **Diseases of the skin, circulatory system and cancer account for an additional 17% of the total.**
  - **Occupationally-related mental illness is an estimated 4.5%.**
- **In total, there were an estimated 2,218,426 cases of occupational disease in 2016.**

(Nurminen & Karjalainen 2012)

What is an occupational hazard?

- ✓ **The traditional definition of an occupational disease suggests a straightforward causal relationship between exposure to a hazard and a specific disease is envisioned.**
- ✓ **Changes in hazardous exposures reflect shifts in the broad outlines of the US economy as sectors and make up a relatively small slice of the workforce (e.g. construction, manufacturing).**
- ✓ **In contrast, service jobs including education, health care, and food service, have increased. As a result, hazards such as poor ergonomics, indoor air contaminants, infections, and stress have become much more prevalent.**
- ✓ **Chemical exposures have not disappeared in these settings but are often intermittent and include cleaners, renovation or construction materials, pesticides, and exposures from adjoining offices or external sources.**

Traditional hazards still exist.
Traditional hazards continue to be found in 'new' contexts.
New Hazards are emerging.

Estimating the Extent of Hazardous Work

A very high proportion of workers in New York State continue to work under hazardous conditions that put them at risk of occupational disease. These hazards include:

Chemical Exposures	468,509 employees in 30,880 workplaces exposed to at least one of roughly 250 hazardous chemicals.
Lead	Over 300,000 workers were employed in industries with a risk of high lead exposure. An unknown additional number at risk of lower, yet still health threatening levels.
Silica	About 100,000 workers are exposed to silica at levels posing a risk of silicosis and other diseases. Over 90% of these exposures are in the construction industries.
Asbestos	Though asbestos use has declined precipitously since the mid-1970s, workers in the construction trades continue to be at high risk due to handling "asbestos in place."
Ergonomic Hazards	Ergonomic hazards are associated with a range of musculoskeletal conditions. Between 1 and 4 million workers reported significant exposure to ergonomic hazards.
Stressors	Psychosocial stress on the job is widespread, with as many as 6 million workers reporting significant exposure to stressful conditions at work.
COVID-19	A very high proportion of workers in NYS are employed in health care and other jobs deemed 'essential' and at high risk of acquiring COVID-19 infection, with a disproportionate burden of infection and mortality borne by Black and Latinx workers.

Low-Wage Work in New York State

- **The top 28 low-wage categories in NYS in 2018 comprise 31% of the workforce.**
- **Of the total number of low-wage workers, the top 10 categories employ 79%.**
- **Trends from 1950-2019:**
  - **Nine of the top ten job categories in 1990 were the same as those in 2018.**
  - **The most striking growth was observed in early education and childcare occupations with the number of teachers and aides more than quadrupling, and childcare jobs increasing two and a half times.**
  - **Health and nurses' aides also jumped significantly, more than doubling in numbers.**
  - **Construction laborers, masons, tilers and carpet installers likewise more than doubled.**
  - **Restaurant work including servers, bartenders, and cooks expanded dramatically, with the number of jobs increasing over 80%.**

Immigrants and people of color are more often employed in low-wage jobs than whites.

Women are more often employed in low-wage jobs than men.

Women are employed in different low-wage jobs than men.

COSTS OF OCCUPATIONAL DISEASE

FINDINGS: The U.S. total costs of $57.81 billion were multiplied by Waehrer's NYS factor (5.69%), resulting in an estimate for NYS costs at $3.289 billion. Adjusting cumulative inflation rates from 2007 to 2016 for both medical inflation (32.118%) and wage inflation (15.734%) brought the figure up to $4.077 billion.

TABLE 26 Estimated Occupational Disease Costs in NYS (based on contribution to US costs)

US costs for fatal and non-fatal occupational disease cases[a]	NYS costs for fatal and non-fatal occupational disease cases[b]	NYS costs for fatal and non-fatal occupational disease cases adjusted for medical and wage inflation, 2007-2016 [c,d]
$57,810,000,000	$3,289,938,085	$4,077,088,158

[a] Leigh 2011
[b] Waehrer et al.2004 (5.69%)
[c] Leigh, conversation 2016,[formula: 1/2 x (medical inflation + wage inflation)]
[d] Halfhill 2018

- ✓ **The ways in which work impacts health are further illustrated by looking at important contemporary health problems.**

- ✓ **While often conceived as problems caused by individual choices, and remedied through personal responsibility and behavior modification, the recognition of the contribution of work requires a different solution.**

- ✓ **As with more 'traditional' workplace hazards, the prevention of work-related illness depends upon changing workplace conditions to reduce or eliminate the hazard.**

Examples:

Workplace Stress
Substance Use

Useful Framework*

**Developed by Dr. Michael Lax, Professor Emeritus, SUNY Upstate Medical University*

A useful framework for exploring the relationship between substances and work contains several elements, with an understanding that each element may not be equally relevant for each substance.

1) Substances as workplace hazards

In the past few years, heroin has been increasingly cut with fentanyl. This increases the potency and also reduces the volume of product smugglers have to transport across borders. Since fentanyl can be absorbed through the skin, this raises the possibility of medical responders and law enforcement being exposed. In fact, NIOSH has already investigated a number of these types of exposures. Secondhand smoke is another example of how workers may be exposed directly to a substance at work.

2) Use of substances to perform the job

Some jobs require long hours, night shifts, and the maintenance of vigilance. Examples include long distance truckers, and military personnel. To keep awake and alert stimulants like amphetamines may be used. Tobacco may serve a similar function.

3) Use of substances to cope with the job

For many, substance use is a way of coping with difficult life circumstances. Job 'stress,' as described elsewhere in this report, is an important source of difficulty for many workers. Precarious insecure work, an unfair boss, demanding work with no ability to exert control, irritated clients, unsafe conditions, poor wages and benefits, no opportunities for advancement or change, and discrimination are among the factors that can make work life extremely hard to tolerate. Under these circumstances, it is not surprising that some workers turn to substances to make it through the shift and the day. Few programs or supports are in place to prevent or reduce stress on the job. The line between job stress and life stress is often not clear, with interaction between the two working in both directions to exacerbate both. For example, the single parent making low-wages struggles to manage all aspects of family life under conditions of rotating schedules and fluctuating hours. Juggling to keep quality childcare consistent, accomplish all of the household chores and errands, and manage finances often presents mounting unsolvable predicaments. When asked to work more, the network of support so carefully constructed can be strained to the breaking point. If informed that hours are reduced, paying rent and/or putting food on the table may create an immediate crisis. Often finding themselves "putting out fires," it should not be surprising that some turn to stimulants to give energy, or alcohol/drugs for relief from the unrelenting demands of life.

Useful Framework

4) Use of substances after a work injury

This aspect of the substance issue has received the most attention to date, specifically in relation to opioid use. Workers injured on the job may be prescribed opioids for pain control and then become addicted. With physicians over prescribing and providing easy access, workers in industries and occupations with higher injury rates (e.g. construction) are consequently, at higher risk of opioid use and abuse. But in addition to the inherent riskiness of the job, other factors come into play exacerbating the problem.

If the workplace has no light duty policy, workers may feel pressured to take pain relievers to enable them to return to full duty prematurely and to keep working despite pain and a less than fully healed injury. In jobs with little or no sick leave, and precarious jobs generally, a similar dynamic is at play, with injured workers using opioids to get them back on the job quicker and keep them on the job to avoid losing pay they cannot afford to go without.

In seasonal jobs like construction or agriculture the pressure to return to work and stay at work injured is heightened by the compressed time workers must earn the income necessary for the off season as well.

5) Impact of substance use on work

In many instances work may not be a cause or contributor to substance use but may be adversely impacted by such use. Intoxicated workers can pose a safety risk to themselves and others. Pilots, bus drivers, and firefighters are examples of workers among whom on the job impairment by substances could be disastrous for themselves, their coworkers, and those to whom they are providing a service. On a more mundane, day to day level, substance use can affect any user's ability to be productive at work.

Useful Framework

6) Accessibility and use of medical treatment resources

In 2018, 18.9 million people in the U.S. (7.18%) needed specialty substance use treatment, but did not receive it. In New York State, in 2018, among adults over 18 who needed, but did not receive treatment numbered 1,073,903 (6.94%) for substance use, 795,369 (5.14%) for alcohol use, and 442,559 (2.86%) for illicit drug use.

Common reasons given in NYS for not receiving substance use treatment were:

- not being ready to stop using (38.4 %)
- having no health care coverage, not able to afford the cost of treatment (32.5%)
- not knowing where to go to get treatment (21%)
- felt that getting treatment would have a negative effect on their job (17%)
- felt that getting treatment would cause their neighbors or community to have a negative opinion of them (15%).

Once a worker develops an addiction to a substance, work can play an important role in determining the outcome of the addiction. Ideally employers would treat substance abuse as a health, rather than a moral or criminal problem.

- This would mean encouraging workers with substance issues to seek treatment without punitive consequences (e.g. termination)and facilitating access to treatment resources. Under these circumstances workers will be more likely to come forward and take advantage of the opportunity.
- With a punitive policy and no easy access to effective treatment, workers will be apt to do the opposite: keep using and hide the problem.
- Attempting to quantify the impact of work on substance use in terms of disease incidence is impossible, yet we know that drug use is highly prevalent, and that work deserves attention as a contributor to substance use and abuse, and as a contributor to the immense overall disease burden, resource use, and costs imposed by this problem.

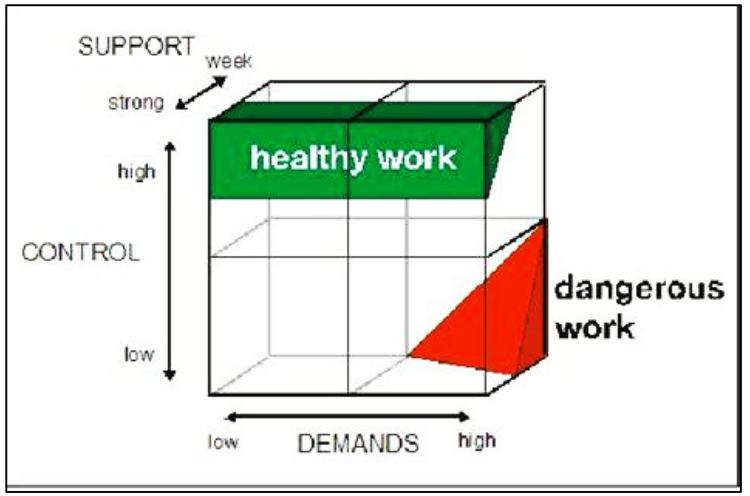
Psychosocial Hazards: Exposure to Work-related Stress

Over the past several decades psychosocial stressors at work have received increased attention with robust evidence that that hazards is associated with illness, both physical and mental.

During that time, the definition of stress has been better delineated, though no single definition has been universally accepted.

Widespread agreement characterizes stressful work as:

- Work that is highly psychologically demanding
- Lack of control over decision-making
- Inadequate social supports
- Effort-reward imbalance
- Hostile environments- bullying, disrespect by supervisors
- Relations with clients and customers
- Precarious employment arrangements
- Discrimination



SOME CAUSES OF WORK STRESSORS

Economy, Politics

- Budget cuts
- Unemployment rate
- Level of unionization
- Strength of government regulations
- Health care, pensions

Work Organization

- Downsizing, restructuring, privatization
- Contracting out
- Overtime
- APPR
- ↗ class size
- Lean health care
- Work-family programs

Job level

- Workload
- Lack of:
  - control
  - support
  - respect
- Lack of job security
- Limits on professional judgment

O*Net Database 24.0

TABLE 16 Exposure Definitions and Thresholds			
Category/Hazard	Exposure	Definition	Threshold
Psychosocial	Level of competition	Presence of competing on the job or aware of competitive pressures	High (4 or 5 on a 5-point scale)
	Frequency of conflict situations	Frequency of conflict situations worker has to face in the job	Once a week or more
	Frequency of decision making	Frequency of decisions affecting other people, financial resources, and/or reputation of the organization	Once a week or more
	Freedom to make decisions	Degree of decision-making freedom in the job without supervision	Some freedom
	Deal with physically aggressive people	Deal with physical aggression of violent individuals	Once a week or more
	Highly structured work	Degree to which job is structured for worker versus allowing worker to determine tasks, priorities, goals	Some freedom
	Time pressure	Need to meet strict deadlines	Once a week or more
	Atypical work schedule	Regularity of work schedule for the job	Irregular or seasonal
	Duration of typical work week	Number of hours typically worked in one week	Less than or more than 40 hours

O*Net Database 24.0

TABLE 17 Number and percent of workforce with psychosocial exposures[a] in New York State[b], 2016			
Psychosocial Exposure	Frequency	*Total Workforce*	*Percent Total Workforce*
		10,201,820	
Irregular Work Schedule		1,993,898	20
Deal with physically aggressive people	once a week or more	893,740	9
Work more or less than 40 hours/week		5,685,533	56
Limited freedom to make decisions		2,605,112	26
Frequent Conflict Situations	once a week or more	3,780,731	37
Required to make decisions	once a week or more	2,728,777	27
Highly structured work		2,503,968	25
Highly competitive workplace		3,350,225	33
Under time pressure		6,020,802	59

[a] SOC-O*NET Codes

[b] Statewide Long-term Occupational Projections for New York State, number employed reported in thousands, https://www.labor.ny.gov/stats/lsproj.shtm

Suicidality as a Result of Work – a smaller but important line

Milner A, LaMontagne AD, Spittal MJ, Pirkis J, Currier D. ***Job stressors and employment precarity as risks for thoughts about suicide: an Australian study using the Ten to Men cohort.*** Ann Work Expo Health. 2018;62(5):583–590.

LaMontagne AD, Milner A. ***Working conditions as modifiable risk factors for suicidal thoughts and behaviors.*** Occup Environ Med. 2017;74(1):4-5.

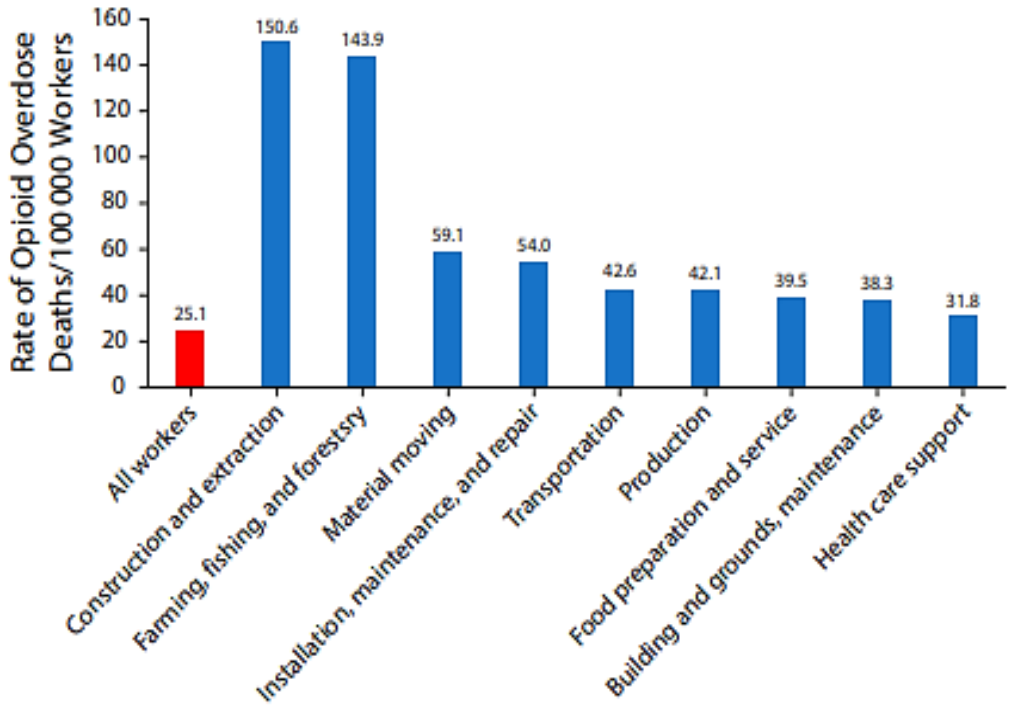
Stansfeld SA, Shipley MJ, Head J, Fuhrer R. ***Repeated job strain and the risk of depression: longitudinal analyses from the Whitehall II study.*** Am J Public Health. 2012;102(12):2360–2366.

Work Environment Factors and Prevention of Opioid-Related Deaths

- Opioid use disorder (OUD) and opioid overdose deaths (OODs) are prevalent among US workers, but work-related factors have not received adequate attention as either risk factors or opportunities for OOD prevention.
- Higher prevalence of OOD in those with heavy physical jobs, more precarious work, and limited health care benefits suggest work environment and organizational factors may predispose workers to the development of OUD.
- Organizational policies that reduce ergonomic risk factors, respond effectively to employee health and safety concerns, provide access to nonpharmacologic pain management, and encourage early substance use treatment are important opportunities to improve outcomes. Organizational barriers can limit disclosure of pain and helpseeking behavior, and opioid education is not effectively integrated with workplace safety training and health promotion programs.
- Policy development at the employer, government, and association levels could improve the workplace response to workers with OUD and reduce occupational risks that may be contributing factors.

William S. Shaw, PhD, Cora Roelofs, ScD, and Laura Punnett, ScD

(Am J Public Health.2020;110:1235–1241)



Source. Massachusetts Department of Public Health.[27]

FIGURE 1—Occupation Groups With Opioid-Related Overdose Death Rates Significantly Higher Than the Average Rate for All Workers: Massachusetts, 2011–2015

Diego Rivera
Palacio Nacional Mexico City 1929 - 1935

Why do workers get injured or sick?

- Lack of power
- Lack of control over decision making
- Prioritizing short term profits
- Lack of knowledge
- Ignoring the precautionary principle
- Discrimination

Barriers to controlling exposures

- Lack of knowledge
- Workers scared/fatalistic
- Employers resistant
- No union
- Union no help
- Lack of regulation
- Regulations poorly enforced
- Lack of access to resources

Facilitating Prevention and Hazard Control

- Knowledge
- Technical assistance- access to resources
- Voluntary compliance
- Strengthening regulations and enforcement
- Empowering workers
  - Right to act
  - Whistleblower protection
  - Access to resources

OSHA

Employer Responsibilities under OSHA

- Provide a workplace free from recognized hazards and comply with OSHA standards
- Provide training required by OSHA standards
- Keep records of injuries and illnesses
- Provide medical exams when required by OSHA standards and provide workers access to their exposure and medical records
- Not discriminate against workers who exercise their rights under the Act
- Post OSHA citations and abatement verification notices
- Provide and pay for PPE

OSHA Worker Rights

- Right to Know
- Right to refuse hazardous work
- Right to file a complaint
- Right to protection from discrimination or retaliation for using OSHA rights

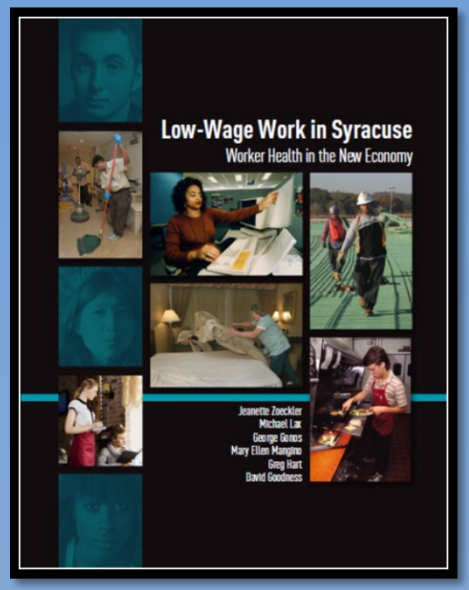
Prevention and Regulation

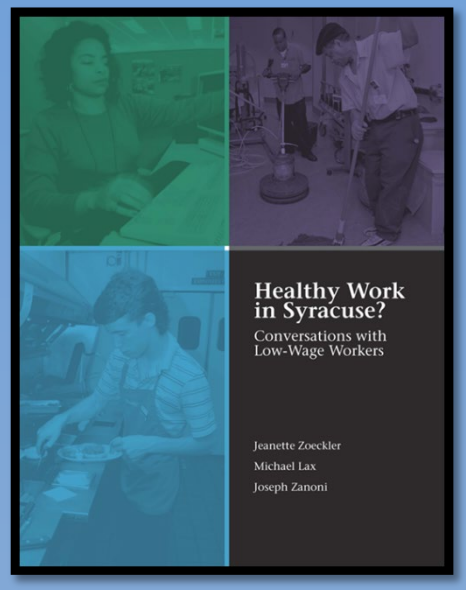
- Other groups involved in workplace safety and health:
  - State health Departments
  - Employers and employer groups (eg Chamber of Commerce, NYS Business Council)
  - Labor unions
  - Academics
  - Grassroots organizations
    - Councils on Occupational Safety and Health (COSHs)
    - Workers' Centers

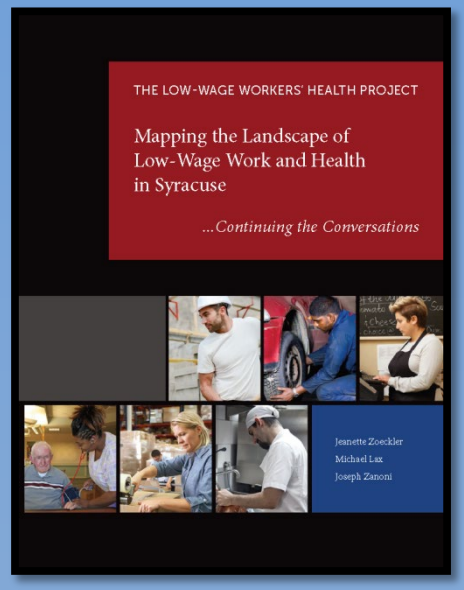
Diagnosis and treatment of occupational disease

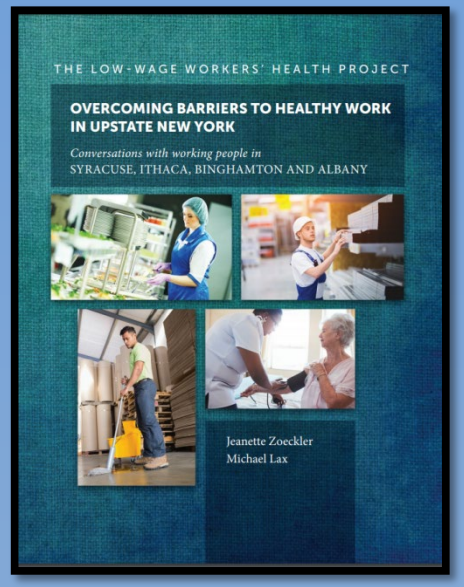
- Hole in the medical care system
  - MDs lack training
  - MDs lack time
  - MDs do not wish to participate in Workers' Compensation
  - MDs often lack a public health perspective
- Occupational Medicine as a specialty
  - Small number
  - Few in direct clinical roles

Low-Wage Workers' Health Project









Goals

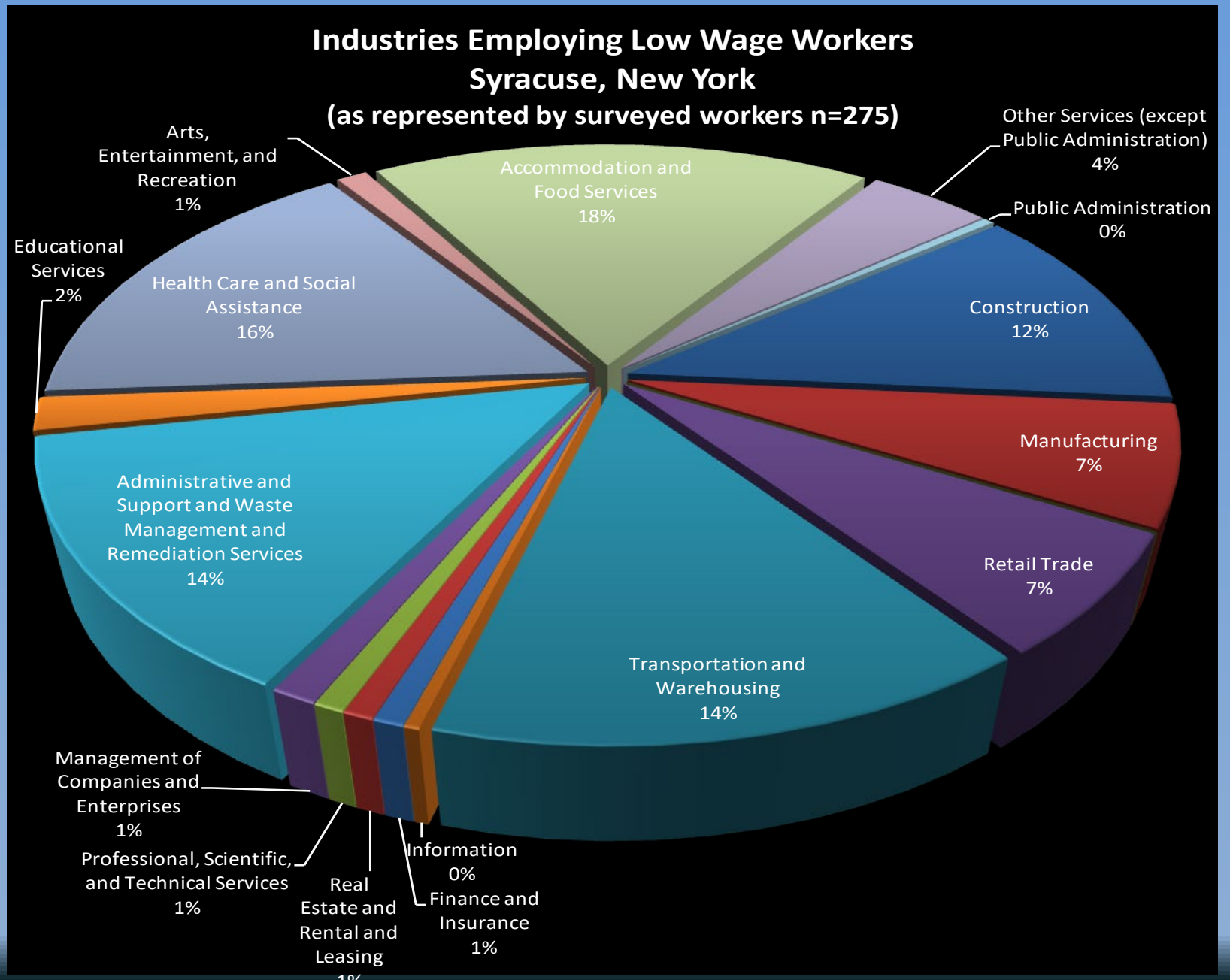
Characterize/Identify the vulnerable workforce in Central New York

- Identify, describe, characterize, delineate, define who these workers are
- Place these workers within a social and historical context
- Demonstrate the severity of occupational health problems
- Create solutions

Low-Wage Workers' Health Project
2012-2023

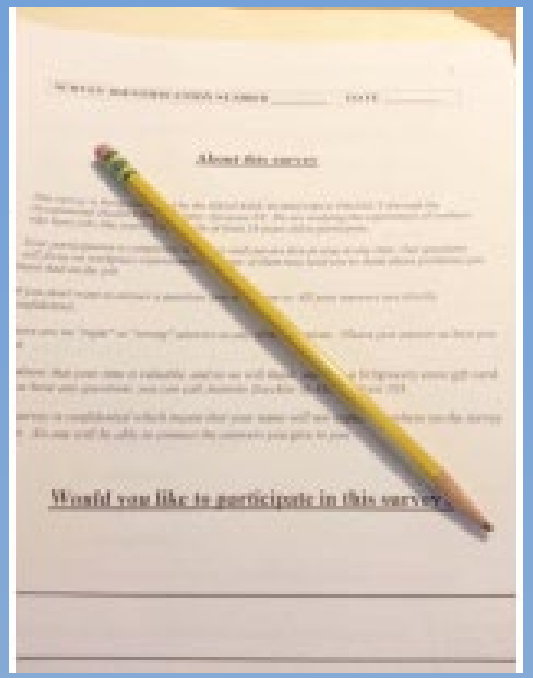
	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6	Phase 7	Phase 8	Phase 9	Total
Low-wage workers	275	146	138	312	473	294	290	353	262	**2,543**
Training Sessions	-	11	14	22	31	14	16	25	16	**149**
Participating organizations	17	8	10	16	22	7	9	9	10	**65***

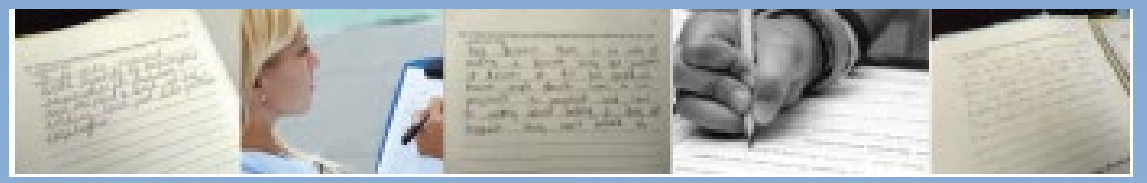
National Trends, Local Expressions



Phase I - The Survey

n = 275





Phase I – The Report

Characteristics of Low-Wage Employment

Temporariness

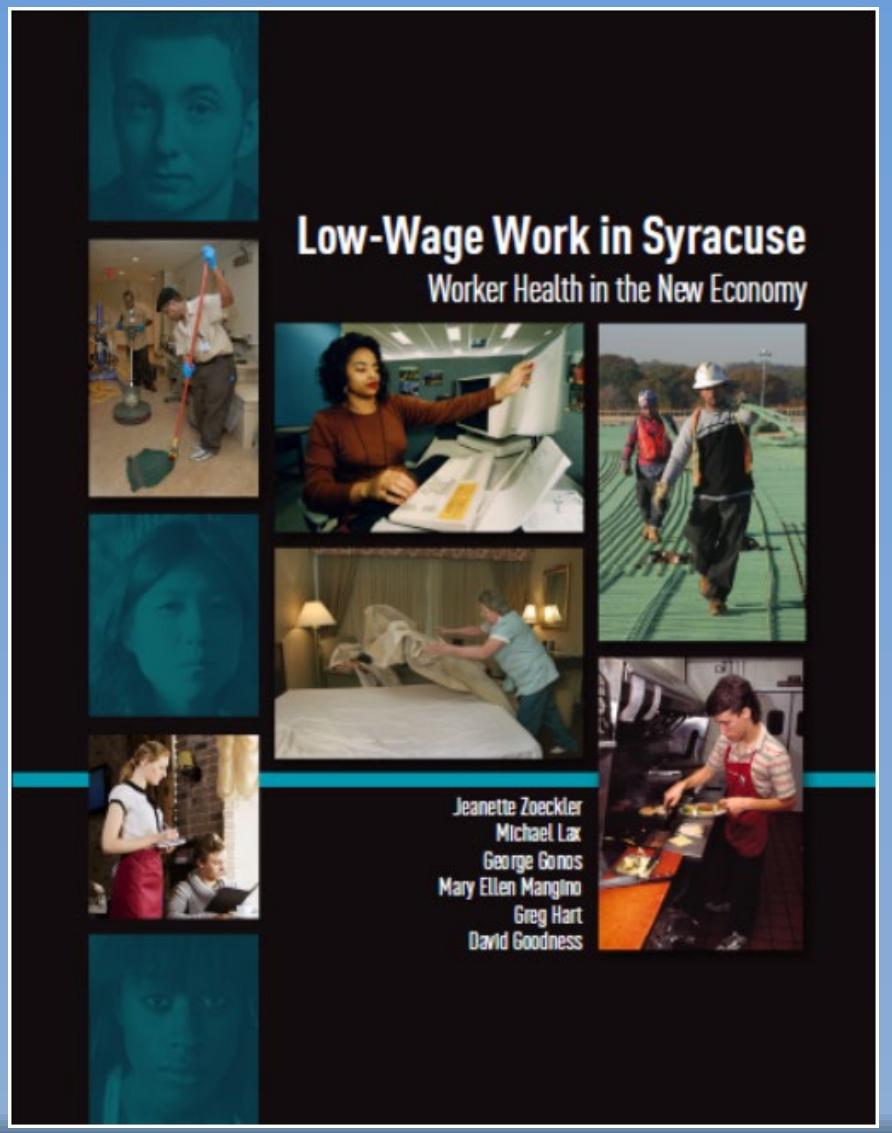
Vulnerability

Low or unstable wages

Disempowerment

Lack of health & safety training

Rights / Exercise Rights



Survey Findings

Big Picture THREATS…

Physical well being
Mental well being
Economic security
Escape from deep poverty
Esteem/Value
Invisibility – Marginalized
Meaning making

…the sense that "the story of my life is going well."

The Details

Hours
Too many, too few, rotating shifts, unworkable schedules, attendance pressures, no time off, no overtime pay, changing expectations (come early, stay late)

Physical Conditions
Dangerous exposures
Inadequate health and safety training

Mental Conditions
Workplace bullying, Co-worker mistreatment
Authoritarian boss, Lack of communication about expectations

Work Arrangements
Temporary, contracted, verbal agreements, transportation

Results

Work Status	Part time 45% Full time 17% Consistent overtime 15% Between jobs 23%
Work Tenure	58% held this job for less than 2 years
Work-Related Pain	38% reported pain at work or as the result of work
Problem: Of those reporting work-related injuries…	55% stated they suffered from musculoskeletal symptoms 29% stated specifically their problem was back pain 13% stated headache.

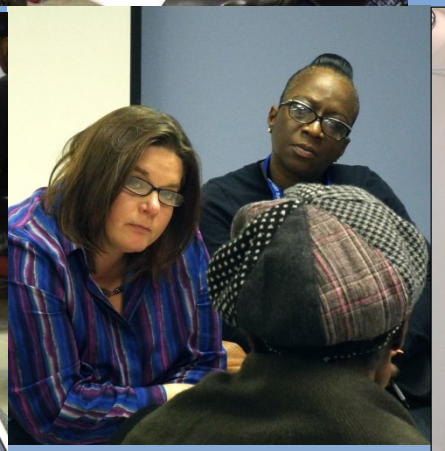
Wage Theft

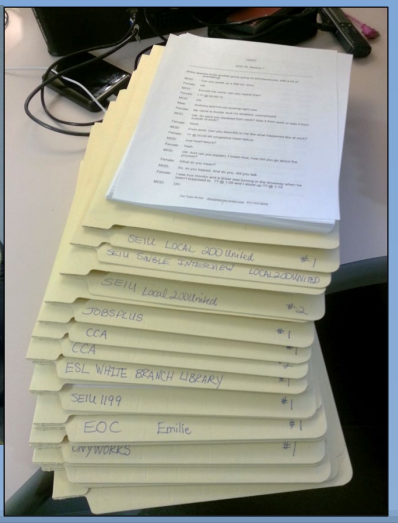
Wage Theft Law Violated (n=275)	# Participants	%
Asked to come in early or stay late "off the clock"	42	15%
Required to pay for safety equipment	18	7%
Paid less than was agreed upon	36	13%
Paid late	44	16%
Paid "under the table," esp. for overtime	23	8%
Total Reporting at least ONE instance of wage theft	163	48%*
*30 participants reported more than one violation occurred		

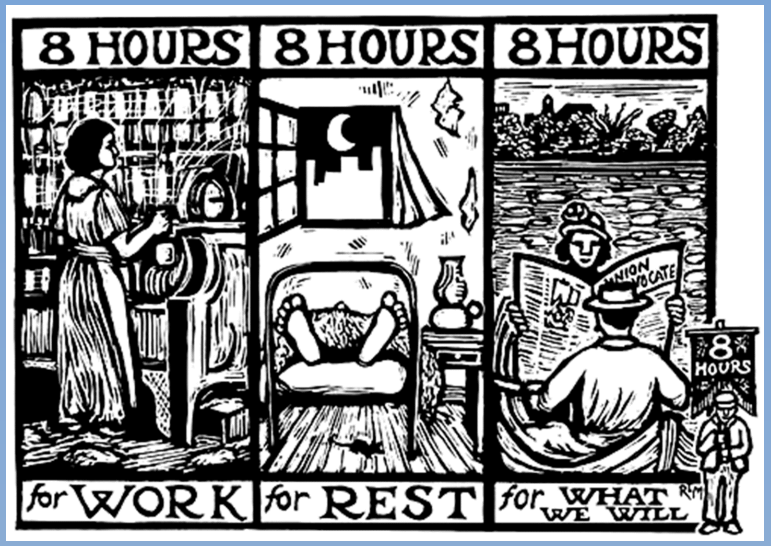
Phase 2

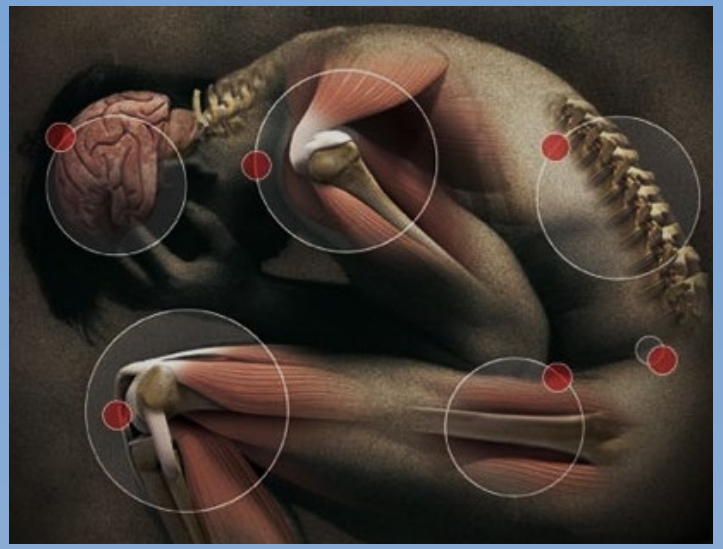
Community Partnerships
and
“Popular Education”

Dialogue Sessions

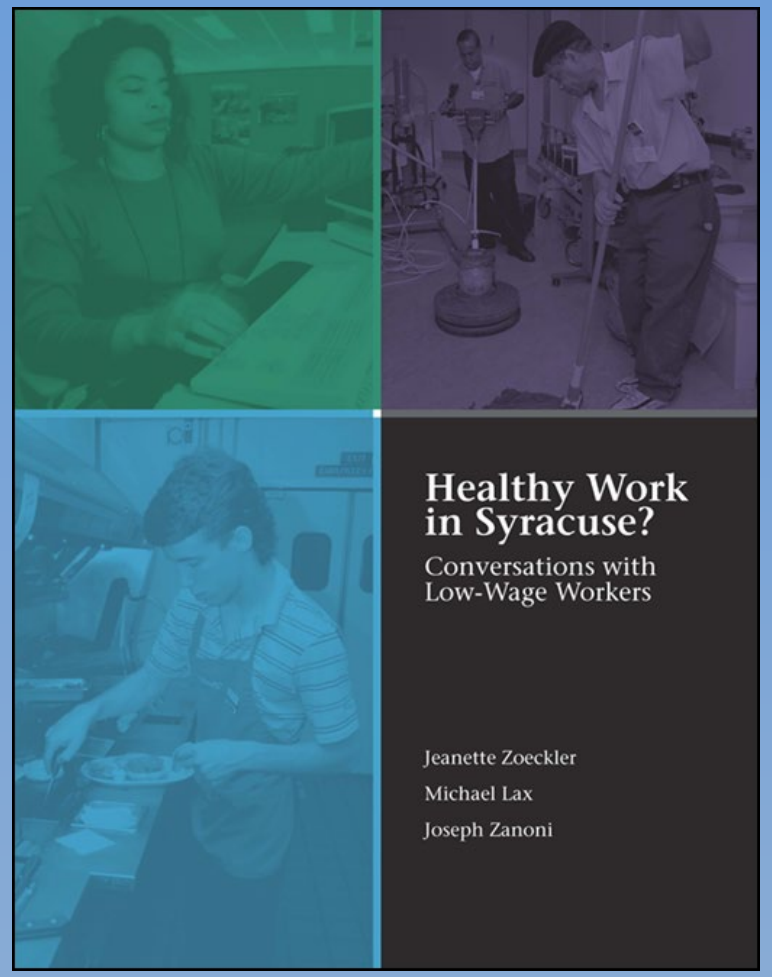


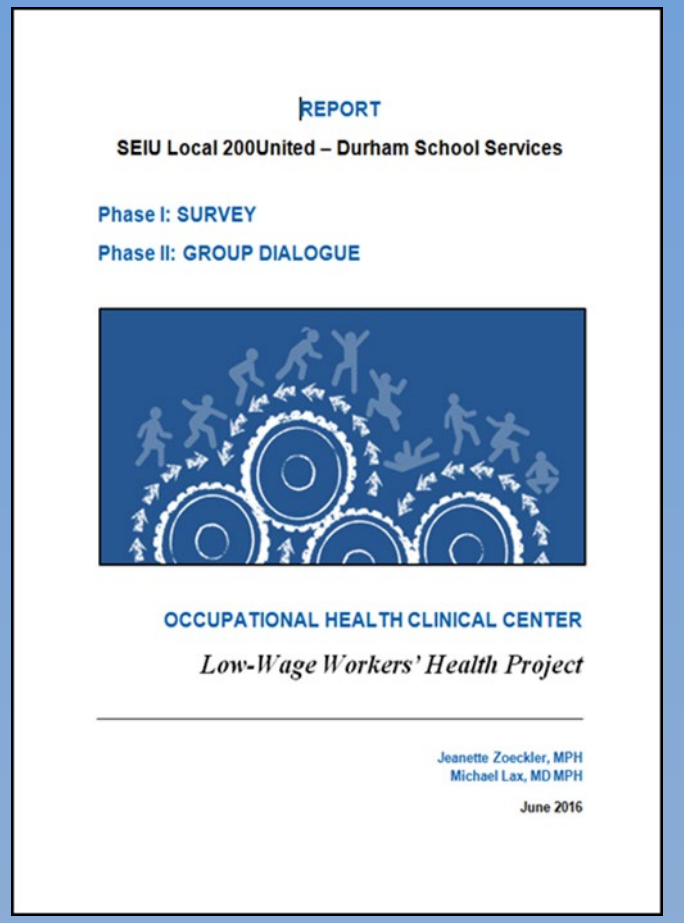



8 HOURS
8 HOURS
8 HOURS
for WORK
for REST
for WHAT WE WILL
8 HOURS



Phase 2 – The Report




REPORT

SEIU Local 200United – Durham School Services

Phase I: SURVEY

Phase II: GROUP DIALOGUE

OCCUPATIONAL HEALTH CLINICAL CENTER

Low-Wage Workers' Health Project

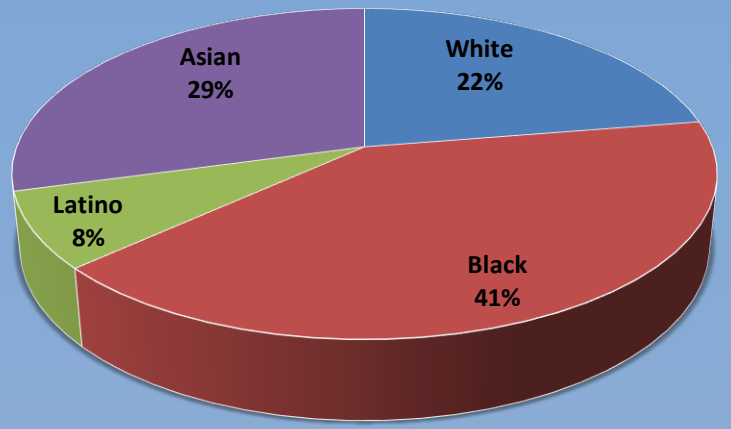
Jeanette Zoeckler, MPH
Michael Lax, MD MPH

June 2016

Who did we speak with?

- ✓ Age and gender are not surprising
- ✓ 30-40% or more are between jobs, but have worked within the last year
- ✓ Special populations expressed very different concerns

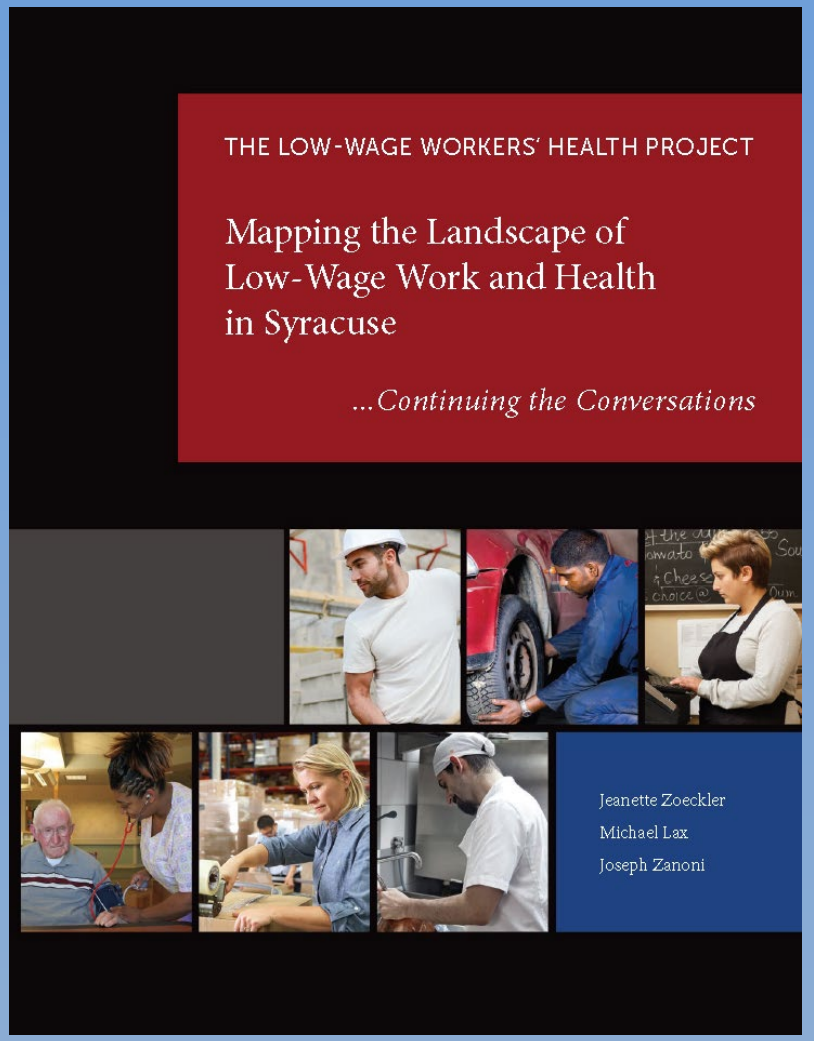
Ethnicity of the Participants



OCCUPATIONS	(N = 146)
bus driver	19
certified nursing assistant	16
cleaner	14
bus monitor	12
informal work - i.e. painting, childcare	12
retail associate	12
restaurant worker	11
grounds maintenance worker	8
office staff	7
fast food worker	7
personal care assistant	7
laundry / hospital facilities	6
parts assembly	4
warehouse worker	3
telemarketer	2
security guard	1
mover	1
window washer	1
entertainer/amusement park	1
seasonal/State Fair	1
surgical technician	1

Phase 3

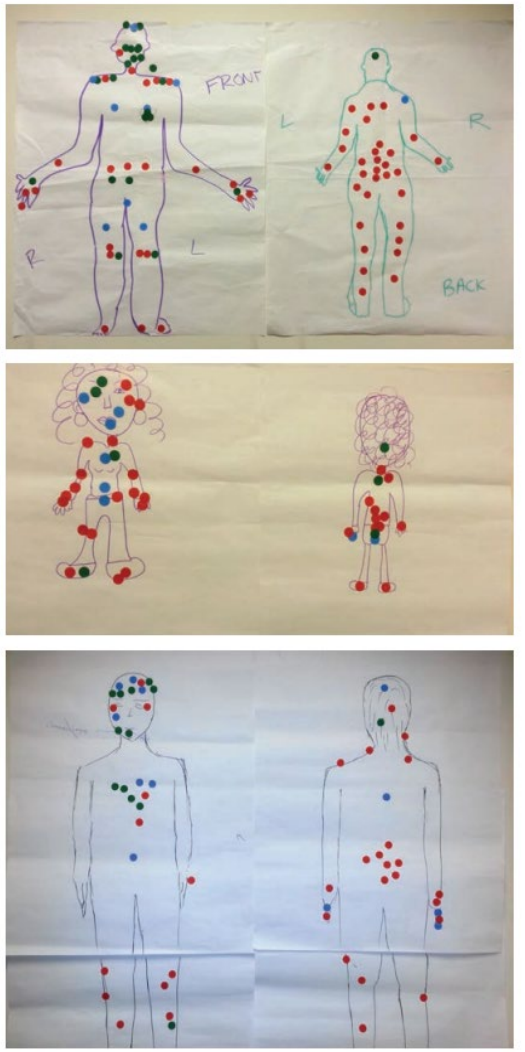
- Repeat and refine mapping exercises
- n = 120
- 10 community groups



BODY MAPPING & HAZARD MAPPING

Safety Hazards	Chemical hazards	Biological Hazards	Physical Hazards	Ergonomic Hazards	Psycho-social Hazards / Stress
▪ hot surfaces ▪ slippery floors ▪ unsafe ladders ▪ working at heights ▪ machines ▪ knives ▪ hot grease ▪ lack of fire exits ▪ cluttered work areas ▪ vehicles (cars, tractors) ▪ unshored trenches ▪ confined spaces ▪ tripping hazards	▪ cleaning products ▪ pesticides ▪ solvents ▪ acids ▪ asbestos ▪ lead paint ▪ wood dust ▪ latex ▪ carbon monoxide ▪ fumes, vapors, gases	▪ infectious diseases ▪ molds ▪ viruses (HIV, Hepatitis) ▪ bacteria ▪ animals ▪ insects ▪ blood-borne pathogens	▪ noise ▪ radiation ▪ heat or cold extremes ▪ vibration ▪ inadequate lighting ▪ electricity	▪ repetitive motion ▪ awkward posture ▪ frequent lifting ▪ poorly designed tools ▪ heavy lifting ▪ gripping with force ▪ prolonged sitting/standing	▪ violence ▪ fast pace of work ▪ harassment ▪ workload ▪ shift work ▪ long hours ▪ angry customers ▪ poor supervision ▪ lack of respect/dignity ▪ incivility ▪ favoritism ▪ not rewarded for effort

Body Maps Depicting How Low-Wage Occupations Impact The Body



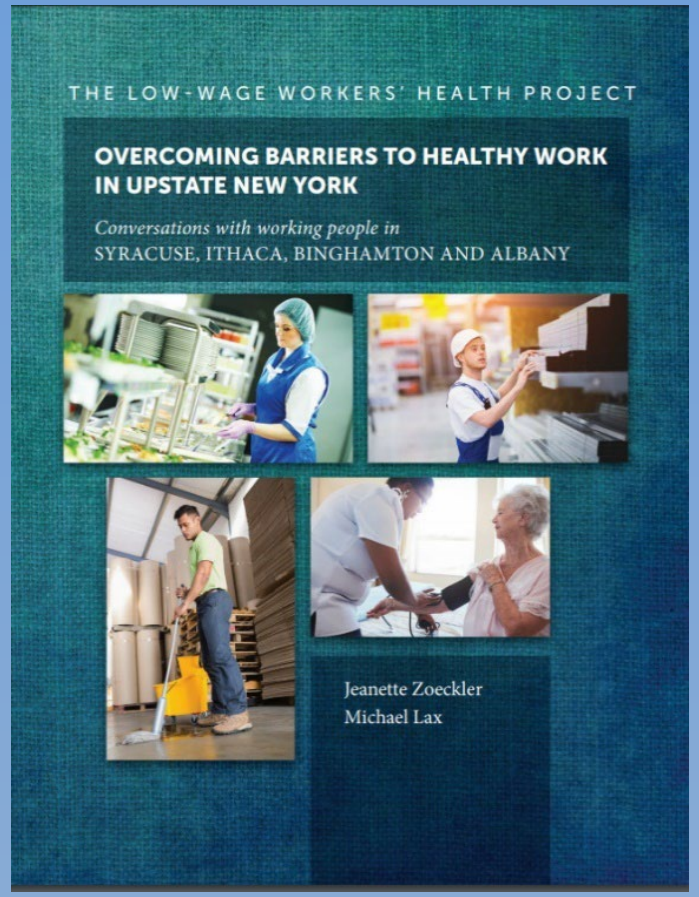
Worker's Occupational Health: Rights and Resources

Individual vs Collective Solutions

Phase 4 & 5

NYS Department of Labor grant funding ($183K, $200K)

- Expanding to new geographic regions via subcontracted partnerships
- n = 400, n = 500
- Dozens more community-based organizational groups



low-wage **workers** talk about…?

(highly varied work settings)

Hours, shifts, tenure, wages
Transportation
Working Two Jobs
Parenting
Temp Agencies
Wage Theft
Workplace Hazards
Disrespect
Stress on the Job
Incivility
Workplace violence
Discrimination (racial, immigrant, gender)
Lack of Training, Poor Quality Training
When work is good
Unions
Community Support

“Speaking up and speaking out” vs. “Tolerating it”

More Themes

Hazards and Symptoms

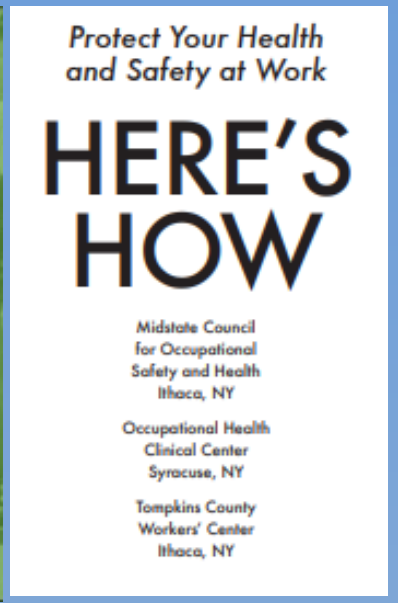
Stress

Blurring the Boundaries between Work and Non-Work Life

Stepping Forward and Speaking Out: Why is it so difficult?

Individual and collective action

Phase 6



http://ohccupstate.org/index_htm_files/Workers_Handbook%20Two%20Page%20View_13.pdf

http://ohccupstate.org/index_htm_files/Safe%20Patient%20Handling%20Survey%20Report%20April%202019%20FINAL.pdf

- Safe Patient Handling Project w/Survey
- Federal funding through subgrant under OSHA's Susan B. Harwood Training Grant Program
- Workplace Violence/Incivility

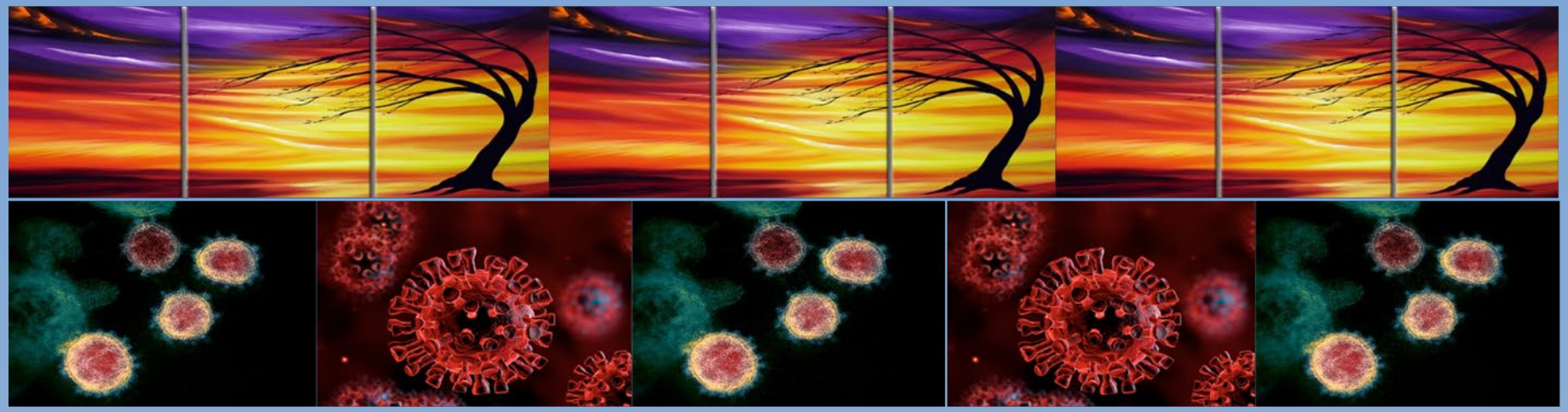
workplace violence

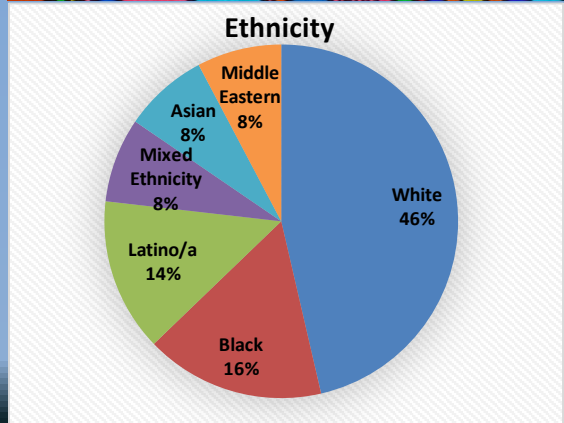
The economic burden of workplace violence in the United States is estimated to be billions of dollars annually, including lost wages, medical costs, support costs, lawsuits, and other factors (Schmidtke, 2011).

Type I – Criminal intent (stranger)
Type II – Customer/client/patient
Type III – Co-worker conflict and bullying is a subset of Type III
Type IV – Personal (friend/family)

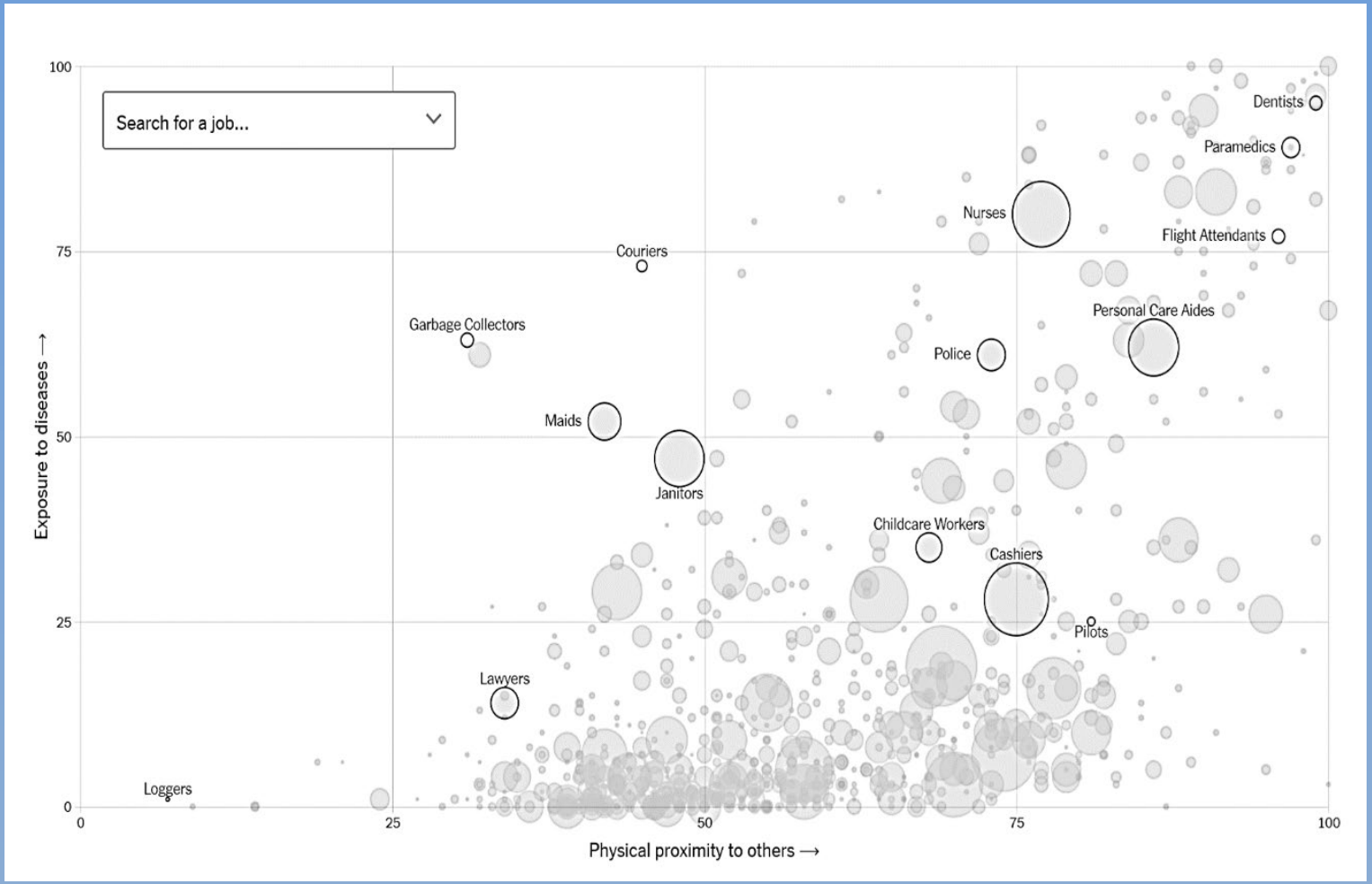
Phase 7, 8, 9

- Coronavirus and Essential Workers
- Workers' occupational health needs changed!





Workers who are most at risk of COVID-19 exposure



The <u>higher your exposure</u> to people or objects which might be infected with the virus:

- Social service
- Customer service
- Health care & home health care
- Janitorial/custodial

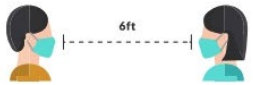
The <u>closer your physical proximity</u> with people who might have the virus:

- Health care & home health care
- Emergency responders
- Cashiers
- Bus & transportation operators

What must my employer do in light of COVID-19?

Develop an **Infectious Disease Preparedness & Response Plan**

SOCIAL DISTANCING



Remain at least six feet apart from others to the greatest extent possible, both inside and outside workplaces

Follow established protocols to ensure social distancing

Review signage for safe social distancing

Use a face covering or mask at all times

HYGIENE PROTOCOLS

Ensure there are hand washing capabilities throughout the workplace

Wash your hands frequently and properly

Provide regular sanitization of high touch areas, such as workstations, equipment, screens, doorknobs, restrooms, etc.

STAFFING & OPERATIONS

Attend work trainings regarding the social distancing and hygiene protocols

Do not report to work if you are displaying COVID-19-like symptoms

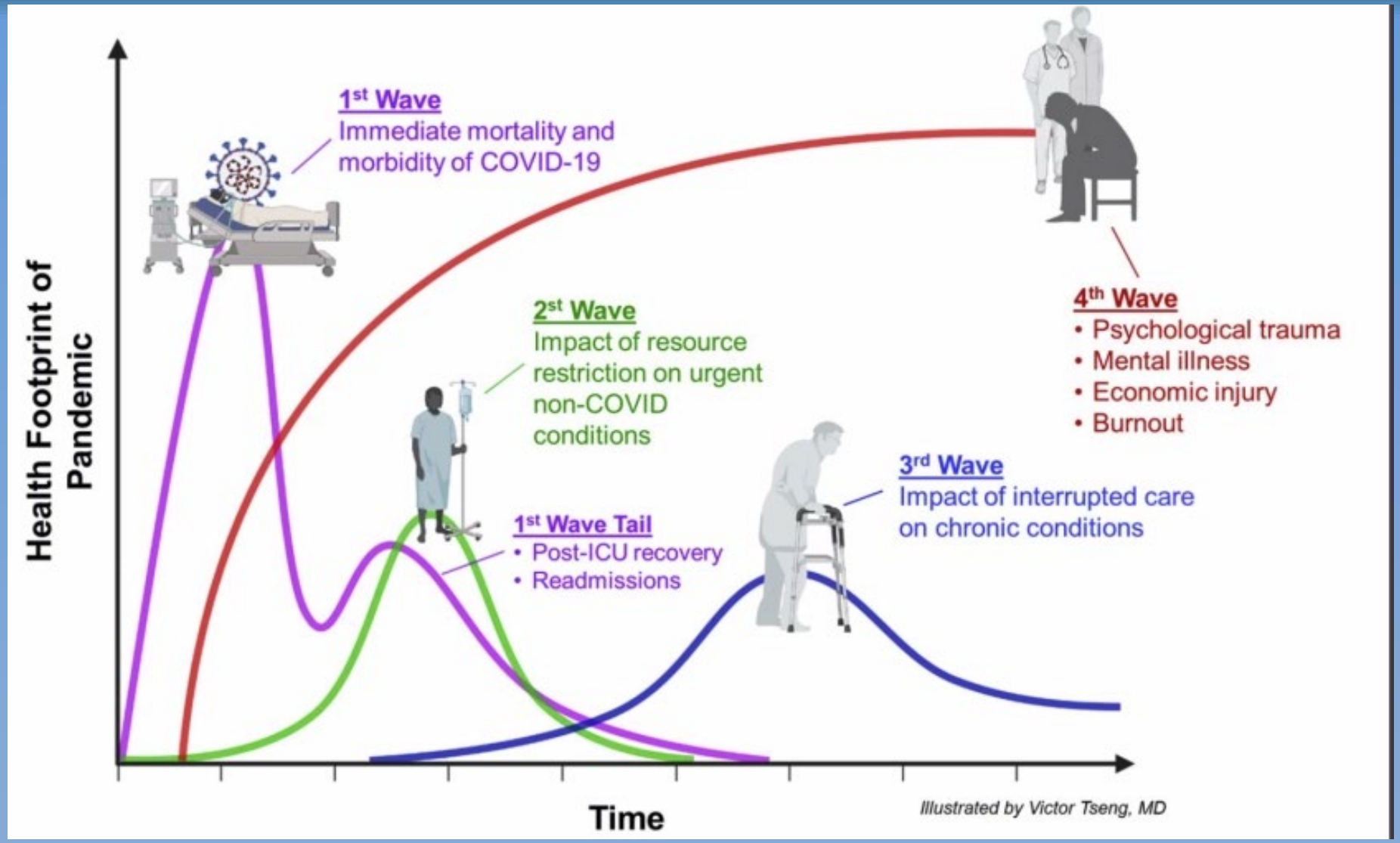
Comply with plan for employees getting ill from COVID-19 at work, and return-to-work plan

CLEANING & DISINFECTING

Comply and maintain cleaning protocols specific to the business

Ensure that cleaning and disinfecting is performed when an active employee is diagnosed with COVID-19

Disinfect all common surfaces must take place at intervals appropriate to said workplace

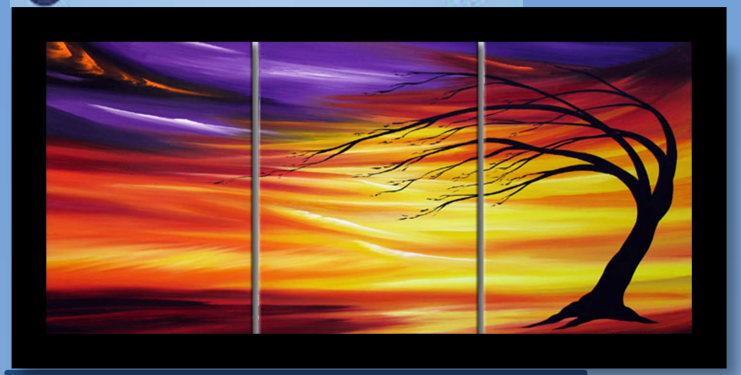


CORONAVIRUS PANDEMIC WAVES

Source: Twitter, Dr. Victor Tseng 2020, modified by Dr. Brian McMichael 2020.

Resliency Project Goals

The Resiliency Project seeks to work with educators in our communities to stimulate individual coping skills, workplace level culture shifts and improvements in leadership to improve the conditions at work.



GOALS

- **to prevent occupational illness and injury for education sector**
- **to promote better work statuses, arrangements, and conditions in our regions**

WORKSHOPS:

- **Provide definitions of work-related stress**
- **Relate information about the health effects of work-related stress**
- **Identify sources of strain**
- **Brainstorm individual and collective strategies for addressing work-related stress during Covid-19 and in the aftermath.**

Selected Quote

THE LOW-WAGE WORKERS' HEALTH PROJECT
Mapping the Landscape of Low-Wage Work and Health in Syracuse...Continuing the Conversations
by Jeanette Zoeckler Michael Lax Joseph Zanoni

A call center supervisor describes conditions I work downtown in a call center in downtown Syracuse.

"It's just a giant floor of cubes. It is cubes on cubes and you just walk around corners and there are more cubes. So there's always the, you walk through the door, to get on my floor you have to have a badge and there's a security guard. Because we do work downtown, we get homeless people that like to wander into the building. They'll follow us up the elevators and then try to break in. I've been jumped at work. And pulled out of work for it. I had my shoulder dislocated. People have been shot. I carry pepper spray and a knife now because of it. That's just getting into the building.

So then you get up to the floor where you work and you deal with the security guard who hassles you with sexual harassment. "Lenny" (I call him Lenny because he reminds me of Lenny from Of Mice and Men) – has been talked to a couple times. I've had HR involved before. He's so weird. He plays on his laptop. He has a tendency to make smart comments. And just conniving comments. Obviously I don't want to make a career of this place which is why I came to school. But he mocked me and I got pissed off. And then he ended up reporting me! So then I had to go through a whole entire ordeal when he accused me of being judgmental and singling him out and all this bullshit that never happened.

There are so many people. There's like 254 people we have now. And there's constantly people walking everywhere, people are not paying attention, it gets really loud because we have radios at the main sections so we have some music, but when people are on phone calls, like when I'm on a phone call I have to mute it and I have a customer literally saying is it a zoo there? So it's just the entire thing is just a mess. It's just chaos. I got left without a manager. I'm not even supposed to. I end up getting left with managing the center by myself. So I'll end up on Fridays with like two or three teams of people with no managers at all and just me. And I'm just a supervisor. I am concerned that thing will go out of control and there will be violence. A fight may break out.

Selected Quote

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CNA's struggle to be respected by team and receive overtime pay

Case managers to me in my building are very appreciative for us aides. They really are. I don't know how they are in any other building. But in my building they're very appreciative. But the supervisors… or the RNs… I'm sorry. I can't wait to be an RN because I can't wait to be better than what they are at my building.

Because I get an egotistical attitude, very condescending. They don't approach you right. I was explaining to this supervisor that this resident had weeping legs, was in leg pain, had leg pain, and was constipated for over a week. Something was wrong. Prune juice is not working. And she has nothing for constipation.

Something was wrong! So I'm telling her about the whole daily activity because now it is 3:00. The supervisor kept interrupting so I had to stay over my time. … the supervisor kept repeating herself. And I just looked at her and I said, "Because you're interrupting me from doing my job. I am now 15 minutes past 3. I am collecting overtime, yes, but to tell you about a resident that something is wrong." The (resident) went to the hospital. Left the next day. But, unless a nurse signs off on your overtime, we don't get paid. So if I'm staying after 3:00 and they're not letting me go or paying me overtime, then I've gone over their heads about that before.

Selected Quote

THE LOW-WAGE WORKERS' HEALTH PROJECT
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"Constantly changing managers" cause confusion

When I started working there it was like every other week you had a different manager so everybody had different rules. So that's how I ended up not working there anymore 'cause everybody had different rules…. They have people coming in they didn't know what they was doing. So it didn't work for me. It gets my pressure up. I be upset. 'Cause …you got one manager telling you this, then the next week after that somebody new come in, he tell you something different or she's telling you something different. So you don't know what really be right, what's really right to do….because everybody got different plans or whatever. I guess. …I worked there for like five months and like every month or every couple weeks we had a different manager.

Demanding work + threat of bad schedule

I worked in a place something like that where you had to meet a certain quota or else. They wouldn't fire you but they'd give you less and less hours. And because one person was getting more than I was, they put me on at night. I told them I am not able to work at night and I'm not going to do that. And he said, "You're going to lose your job. "I said, "OK, bye. " And to me they'll put stress on you, but it's how you handle it. It wasn't worth me having that stress to work that job. So I left.

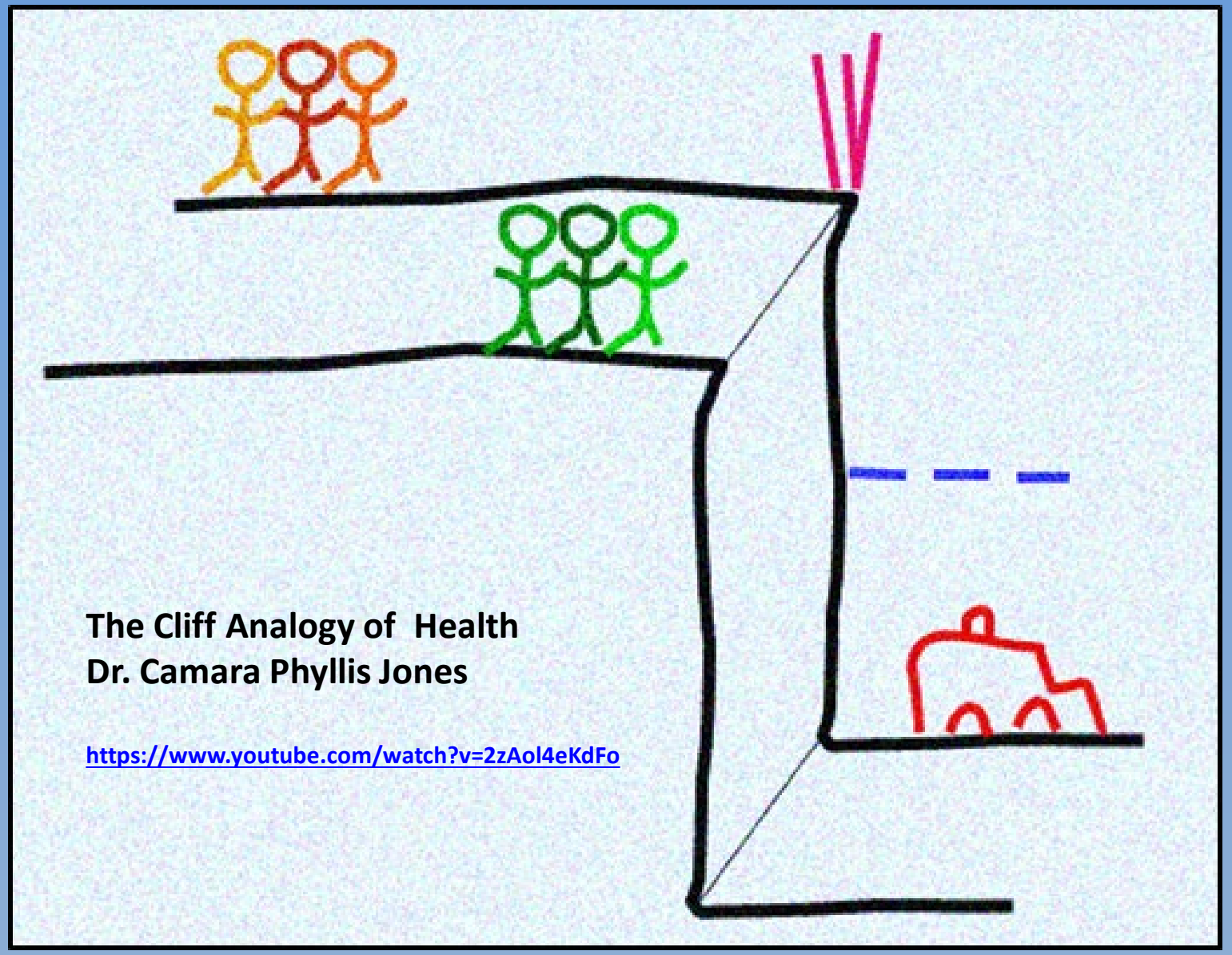
The Low-Wage Workers' Health Project
Accomplishes what?

- needs assessment goals
- "know your rights" and other occupational health information to **2,543** working adults in 11 years
- builds sustainable community partnerships
- provides MPH student engagement
- sets stage for more customized solutions
- Opportunity for policy change to be informed by working people's experience

Myth vs Reality

Is work the same for all people?

- How is work the same for all people?
- How is work different for diverse sets of people?


The Cliff Analogy of Health
Dr. Camara Phyllis Jones
https://www.youtube.com/watch?v=2zAol4eKdFo

Social Determinants of Health and Occupational Health Inequities

Disproportionate Employment in Hazardous or Precarious Jobs

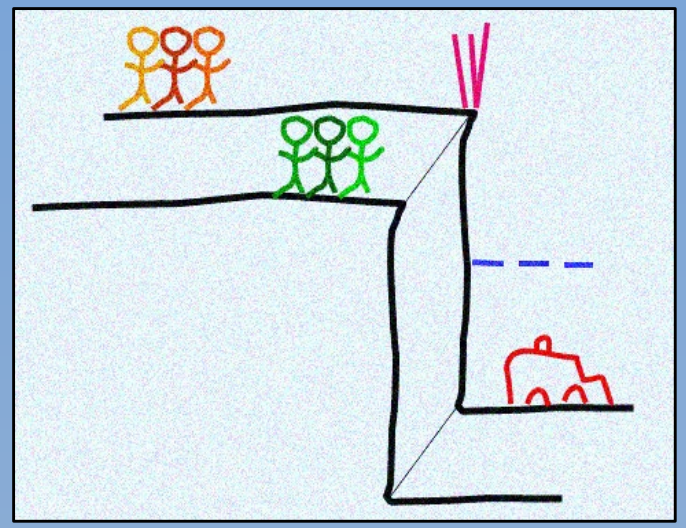
Workplace Injustice

Globalization and Workplace Restructuring

Barriers to OSHA Protection

Barriers to Health Care, Legal and Social Programs

Diverse Workforce
Race/ethnicity
Immigrant status
Socioeconomic status/class
Gender
Age



Work Injury and Illness Disparities

Sources:
Jones CP et al. Journal of Health Care for the Poor and Underserved 2009
Delp L et al, Conference on Occupational Health Disparities 2011

DEARTH OF DATA = MORE DEATH!

Massive numbers of studies on work, stress, addiction, etc. (40- 500K per search term), BUT

- Undercounts in general
- Undercounts due to stigma
- Substance use is lumped in with other causes of death or illness
- Mental health is undervalued
- Agencies are constrained by lack of resources
- Responsible data analysis is time intensive
- Researchers tend to make assumptions and create weak aims, poor analyses, and come to conclusions with severe limitations.

UPSTREAM

In 2021, overdose deaths surpassed the 100,000 mark for the first time in the United States' history, and alcohol-related deaths continue to surpass 140,000 each year.

Regulatory and societal barriers to effective treatment and prevention of substance use disorder (SUD) persist. Innovative strategies and approaches to support long-term recovery can help reduce morbidity and mortality associated with SUD.

Improving access to quality treatment and the availability of a broad range of policies and programs to support recovery and address social determinants of health, including employment supports, are key to curbing the overdose epidemic and rebuilding stronger communities.

Fields M, Longley J, Martinez JA, Weizman S, LaBelle R. Recovery Ready Workplaces: A key strategy for reducing overdoses and sustaining recovery from substance use disorder. J Opioid Manag. 2023 Special-Issue;19(7):45-52.

UPSTREAM

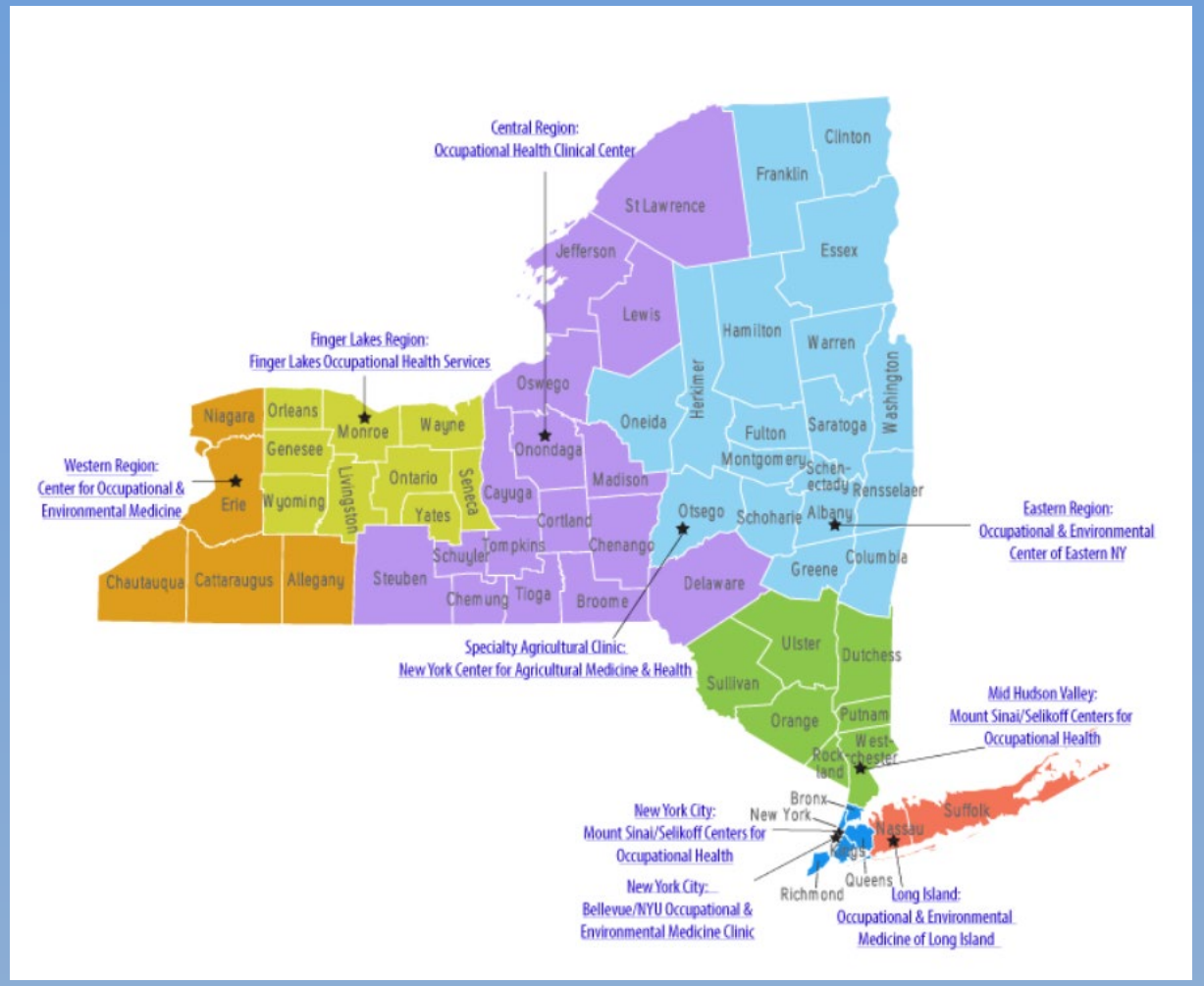
Recovery Ready Workplaces

- can play an important role in reducing overdoses and helping individuals sustain recovery.
- benefit employees, employers, and the nation's economy
- are a supportive tool and policy strategy to help those with substance use disorders or addictions to thrive in recovery
- bolster communities and the economy as a whole

Congressional and state legislative action, Americans with Disabilities Act (ADA) enforcement and expansion, and other programmatic and fiscal policy changes at the state and federal levels will accelerate the adoption of Recovery Ready Workplaces as an element of a comprehensive response to substances.

Fields M, Longley J, Martinez JA, Weizman S, LaBelle R. Recovery Ready Workplaces: A key strategy for reducing overdoses and sustaining recovery from substance use disorder. J Opioid Manag. 2023 Special-Issue;19(7):45-52.

NYS Department of Health
Occupational Health Clinic Network



OHCN Mission

- The primary focus of the New York State Occupational Health Clinic Network is to provide high quality occupational medicine services, specializing in the diagnosis, treatment and prevention of occupational diseases.

- The program includes a number of other components, offering expertise in industrial hygiene, toxicology, occupational health education, and public health advancement in NYS.

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